# RECEIVED

**FACILITY NAME AND PERMIT NUMBER:** 

REDHILL UTILITY CO.

# 0028258

SEP 2 6 Form Approved 1/14/99 10 Mil Number 2040-0086

# BASIC APPLICATION INFORMATION. PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS: All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet. A.1. Facility Information. Facility name REDHILL UTILITY CO. Mailing Address 2073 CYPRESS DR. CHARLOTTESVILLE VA. 22911 Contact person C. RAY BEARD Title <u>OWNER</u> Telephone number (434) 973-7200 **Facility Address** 3812 PUDDLEDOCK RD. #151 PRINCE GEORGE VA. 23875 (not P.O. Box) A.2. Applicant Information. If the applicant is different from the above, provide the following: Applicant name Mailing Address Contact person Title Telephone number Is the applicant the owner or operator (or both) of the treatment works? operator Indicate whether correspondence regarding this permit should be directed to the facility or the applicant. applicant A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits). NPDES <u>VA0028258</u> PSD UIC Other **RCRA** Other A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.). Name **Population Served** Type of Collection System Ownership SEPERATE\_\_\_\_ Total population served

RED HILL MOBILE PARK WWTP

0028258

	RT A. BASIC APPL	ICATION INF	ORMATION FO	OR ALL A	PPLICANTS:				
All t	reatment works mus					ation Infor	nation pack	et.	Silvania Company
	Facility Information				<u> </u>		63		162
	Facility name	RED HILL MO	DBILE PARK W	WTP				···	
	Mailing Address	2073 CYPRE	SS DRIVE C	HARLOT	TESVILLE, VA	22911			
	Contact person	RAY BEARD							
	Title	OWNER							
	Telephone number	(434) 973-720	00					<u></u>	
	Facility Address (not P.O. Box)	3812 PUDDLE	EDOCK ROAD	PRINC	E GEORGE. V	A 23875			
A.2.	Applicant Informati	ion. If the applica	ant is different fro	om the abo	ve, provide the fo	ollowing:			
	Applicant name				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Mailing Address						<del></del>		
	Contact person								
	Title								
	Telephone number								
	Is the applicant the	owner or opera	itor (or both) of	the treatm	ent works?				
	owner	•	_ operator						
	Indicate whether cor	respondence reg	arding this permi applicant	t should be	directed to the fa	acility or the	applicant.		
A,3.	Existing Environme works (include state		<del>-</del>	t number o	f any existing env	vironmental p	permits that h	nave been issue	ed to the treatment
	NPDES VA00282	258			P	so	· .		
	UIC				0	ther			
	RCRA					other			
A.4.	Collection System each entity and, if kr etc.).	Information:=Pro nown, provide info	ovide information ormation on the t	on municity of colle	balities and areas ection system (co	s served by t mbined vs. s	the facility. P separate) and	rovide the nam I its ownership	e and population of (municipal, private,
	Mana		Population Ser	rved	Type of Co	ollection Sys	stem	Ownership	
	Name								

A.5. Indian Country.  a. Is the treatment works located in Indian Country?  Yes  D. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upsfream from (and eventually flow through) indian Country?  Yes  A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the vasclewater flow rate that the plant was built to handle). Also provide a siverage daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.  a. Design flow rate  O.039 mgd  Two Years Ago Last Year  This Year  D. Annual average daily flow rate  O.025  O.023  O.021 mgd  C. Maximum daily flow rate  O.025  O.023  O.078 mgc  A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the per contribution (by miles) of each.  Y. Separate sanitary sewer  Combined storm and sanitary sewer  Combined storm and sanitary sewer  Combined storm and sanitary sewer  Separate sanitary sewer  Combined storm and sanitary sewer  I 00 %  If yes, list how many of each of the following types of discharge points the treatment works uses:  I. Discharges of untreated or partially treated effluent  iii. Combined sewer overtilow points  iv. Constructed emergency overflows (prior to the headworks)  V. Other 21 MANHOLES  Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  If yes, provide the following for each surface impoundment  Location:  Annual average daily volume discharged to surface impoundment(s)  Is discharge  Continuous or  I termittent?  C. Does the treatment works land-apply treated wastewater?  I yes  Yes  No  No  I yes, provide the following for each land application site:  Number of acres:  Annual average daily volume applied to site:	)EDI	LIT	Y NAME AND PERMIT	NUMBER:						Form Approved 1	
a is the treatment works located in Indian Country?	\LDI	-IILL	UTILITY CO.		# 0028258					ONE NUMBER 20	<i>&gt;</i> -0-0060
b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flow through) Indian Country?  Yes  No  A.6. Flow, Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of this year' occurring no more than three months prior to this application submittal.  a. Design flow rate  0.039 mgd  Two Years Ago  Last Year  This Year  b. Annual average daily flow rate  0.025  0.023  0.021 mgd  c. Maximum daily flow rate  0.085  0.078 mgc  A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the per contribution (by millos) of each.  V Separate sanitary sewer  100 %  Separate sanitary sewer  %  A.8. Discharges and Other Disposal Mothods.  a. Does the treatment works discharge effluent to waters of the U.S.? Yes  No If yes, list how many of each of the following types of discharge points the treatment works uses:  i. Discharges of unreated or partially treated effluent  ii. Combined sewer overflow points  iv Constructed emergency overflows (prior to the headworks)  v. Other 21 MANH-OLES  b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? Yes  No  If yes, provide the following for each surface impoundments:  Location:  Annual average daily volume discharged to surface impoundments:  Location:  Number of acres:	A.5.	Ind	ian Country.							<del></del>	
b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flow through) Indian Country?  Yes  No  A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide it average daily flow rate and maximum daily flow rate for each of the last three years. Each years date must be based on a 12-month time period with the 12th month of this year occurring no more than three months prior to this application submittal.  a. Design flow rate  0.039 mgd  1		a.	is the treatment works	located in India	an Country?						
through) indian Country?  Yes  Yes  No  A.6. Flow, Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of 'this year' occurring no more than three months prior to this application submittal.  a. Design flow rate  0.039 mgd  Iwo Years Ago Last Year  Tibis Year  D.025  0.023  0.021 mgd  C. Maximum daily flow rate  0.064  0.085  0.078 mgc  A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the per contribution (by miles) of each.  Separate sanitary sewer  Combined storm and sanitary sewer  A.8. Discharges and Other Disposal Methods.  a. Does the treatment works discharge effluent to waters of the U.S.?  I Discharges of treated effluent  ii Discharges of untreated or partially treated effluent  ii Discharges of untreated or partially treated effluent  ii Combined sewer overflow points  iv Constructed emergency overflows (prior to the headworks)  v. Other 21 MANHOLES  b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  Yes  No  If yes, provide the following for each surface impoundment:  Location:  Annual average daily volume discharged to surface impoundment(s)  Is discharge continuous or intermittent?  C. Does the treatment works land-apply treated wastewater?  If yes, provide the following for each land application site:  Location:  Number of acres:			Yes	✓	No						
A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide t average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "his year" occurring no more than three months prior to this application submittal.  a. Design flow rate		þ.			to a receiving wate	er that is either in	n Indian Country	or that is ups	stream from	(and eventual)	y flows
average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of 'This year' occurring no more than three months prior to this application submittal.  a. Design flow rate			Yes	✓	No		•				
b. Annual average daily flow rate	A.6.	ave	erage daily flow rate and	maximum dai	ly flow rate for each	th of the last thre	ee years. Each y	year's data m	ust be base		
b. Annual average daily flow rate 0.025 0.023 0.021 mgd c. Maximum daily flow rate 0.084 0.085 0.078 mgd c. Maximum daily flow rate 0.084 0.085 0.078 mgd A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the per contribution (by miles) of each.  ✓ Separate sanitary sewer 100 % Combined storm and sanitary sewer 8 %  A.8. Discharges and Other Disposal Methods. a. Does the treatment works discharge effluent to waters of the U.S.? If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of treated effluent ii. Discharges of untreated or partially treated effluent iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other 21 MANHOLES  b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? Yes ✓ No if yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) mgd Is discharge continuous or intermittent?  c. Does the treatment works land-apply treated wastewater? Yes ✓ No If yes, provide the following for each land application site: Location: Number of acres:		a.	Design flow rate	0.039	mgd			•			
a.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the per contribution (by miles) of each.  ✓ Separate sanitary sewer  — Combined storm and sanitary sewer  — No If yes, list how many of each of the following types of discharge points the treatment works uses:  i. Discharges of treated effluent  ii. Discharges of untreated or partially treated effluent  iii. Combined sewer overflow points  iv. Constructed emergency overflows (prior to the headworks)  v. Other 21 MANHOLES  b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  Yes ✓ No if yes, provide the following for each surface impoundment(s)  Is discharge — continuous or intermittent?  C. Does the treatment works land-apply treated wastewater?  Yes ✓ No If yes, provide the following for each land application site:  Location.  Number of acres:			•		<u>Two Years</u>	Ago	Last Year		This Yea	<u>ır</u>	
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contribution (by miles) of each.  ✓ Separate sanitary sewer  Combined storm and sanitary sewer  A.8. Discharges and Other Disposal Methods.  a. Does the treatment works discharge effluent to waters of the U.S.?  If yes, list how many of each of the following types of discharge points the treatment works uses:  i. Discharges of treated effluent  ii. Discharges of untreated or partially treated effluent  iii. Combined sewer overflow points  iv. Constructed emergency overflows (prior to the headworks)  v. Other 21 MANHOLES  b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  Yes ✓ No  If yes, provide the following for each surface impoundment(s)  Location:  Annual average daily volume discharged to surface impoundment(s)  Is discharge		Ç.	Maximum daily flow rat	e		0.064		0.085		0.078	mgd
If yes, list how many of each of the following types of discharge points the treatment works uses:  i. Discharges of treated effluent  ii. Discharges of untreated or partially treated effluent  iii. Combined sewer overflow points  iv. Constructed emergency overflows (prior to the headworks)  v. Other 21 MANHOLES  b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  Yes ✓ No  if yes, provide the following for each surface impoundment:  Location:  Annual average daily volume discharged to surface impoundment(s)  Is discharge continuous or intermittent?  c. Does the treatment works land-apply treated wastewater? Yes No  If yes, provide the following for each land application site:  Location:  Number of acres:	<b>A</b> .8.		Separate sanitary Combined storm	y sewer and sanilary s						100	
ii. Discharges of untreated or partially treated effluent iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other 21 MANHOLES  b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  Yes No  If yes, provide the following for each surface impoundment:  Location:  Annual average daily volume discharged to surface impoundment(s)  Is discharge continuous or intermittent?  c. Does the treatment works land-apply treated wastewater?  Yes No  If yes, provide the following for each land application site:  Location:  Number of acres:		a.	Does the treatment wo	rks discharge	effluent to waters	of the U.S.?		_ ✓	Yes		No
iii. Discharges of untreated or partially treated effluent  iii. Combined sewer overflow points  iv. Constructed emergency overflows (prior to the headworks)  v. Other 21 MANHOLES  b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  If yes, provide the following for each surface impoundment:  Location:  Annual average daily volume discharged to surface impoundment(s)  Is discharge continuous or intermittent?  c. Does the treatment works land-apply treated wastewater? Yes No  If yes, provide the following for each land application site:  Location:  Number of acres:			If yes, list how many of	each of the fo	llowing types of di	scharge points t	he treatment wo	rks uses:			
iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks)  v. Other 21 MANHOLES  b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  If yes, provide the following for each surface impoundment:  Location:  Annual average daily volume discharged to surface impoundment(s)  Is discharge continuous or intermittent?  c. Does the treatment works land-apply treated wastewater? Yes No  If yes, provide the following for each land application site:  Location:  Number of acres:		•	i. Discharges of treat	ted effluent		•			,	1	
iv. Constructed emergency overflows (prior to the headworks)  v. Other 21 MANHOLES  b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  If yes, provide the following for each surface impoundment:  Location:  Annual average daily volume discharged to surface impoundment(s)  Is discharge continuous or intermittent?  c. Does the treatment works land-apply treated wastewater? Yes No  If yes, provide the following for each land application site:  Location:  Number of acres:			ii. Discharges of untre	eațed or partia	lly treated effluent			ı	,	0	
b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  If yes, provide the following for each surface impoundment:  Location:  Annual average daily volume discharged to surface impoundment(s)  Is discharge continuous or intermittent?  c. Does the treatment works land-apply treated wastewater?  Yes ✓ No  If yes, provide the following for each land application site:  Location:  Number of acres:			iii. Combined sewer o	verflow points						0	
b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  If yes, provide the following for each surface impoundment:  Location:  Annual average daily volume discharged to surface impoundment(s)  Is discharge continuous or intermittent?  c. Does the treatment works land-apply treated wastewater?  Yes No  If yes, provide the following for each land application site:  Location:  Number of acres:			iv. Constructed emerg	jency overflow	s (prior to the hea	dworks)	•			0	
impoundments that do not have outlets for discharge to waters of the U.S.?  Yes ✓ No  If yes, provide the following for each surface impoundment:  Location:  Annual average daily volume discharged to surface impoundment(s) mgd  Is discharge			v. Other 21 MANH	HOLE\$							
Is discharge continuous or intermittent?  c. Does the treatment works land-apply treated wastewater? Yes ✓ No  If yes, provide the following <u>for each land application site</u> :  Location:  Number of acres:		b.	impoundments that do if yes, provide the follow	not have outle	ts for discharge to	waters of the U		<i></i>	Yes		No
Is discharge continuous or intermittent?  c. Does the treatment works land-apply treated wastewater? Yes No If yes, provide the following for each land application site:  Location:  Number of acres:			Annual average daily v	olume dischar	ged to surface imp	ooundment(s)				mgd	
If yes, provide the following for each land application site:  Location:  Number of acres:			Is discharge	continuo	us or	_ intermittent?					
Location:  Number of acres:		C.	Does the treatment wo	rks land-apply	treated wastewate	er?			Yes	✓	No
Number of acres:			If yes, provide the follow	wing for each I	and application si	<u>te</u> :					
<del></del>			• .								
			Location.								

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

REDHILL UTILITY CO.

# 0028258

NA	
If transport is by a pa	arty other than the applicant, provide:
Transporter name:	NA
Mailing Address:	NA
Contact person:	NA
Title:	NA
Telephone number:	<u> </u>
For each treatment v	works that receives this discharge, provide the following:
Name:	NA
Mailing Address:	NA
	·
Contact person:	NA
Title:	NA ·
Telephone number:	
If known, provide the	NPDES permit number of the treatment works that receives this discharge.
Provide the average	daily flow rate from the treatment works into the receiving facility.
	works discharge or dispose of its wastewater in a manner not included in above (e.g., underground percolation, well injection)?  Yes
If yes, provide the fo	llowing for each disposal method:
Description of metho	od (including location and size of site(s) if applicable):
NA	
Annual daily volume	disposed of by this method: NA
Annual daily volume	

Form Approved 1/14/99 OMB Number 2040-0086

FACILITY	NAME	AND	PERMIT	NUMBER:
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REDHILL UTILITY CO.

# 0028258

MA	STEV	8/ A T E	וחם		:Ee:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

). D	escription of Outfall						
a.	Outfall number	VA0028258-0	001	_			
b.	Location	3812 PUDDL	EDOCK RD. #1	51		23	8875
		(City or town, if PRINCE GEO	applicable)			(Zi V	p Code)
		(County)	JRGE			(St	ate)
		(County) 37DEG 15FT	<u>' 44" N</u>			77	'DEG 21FT 14"W
		(Latitude)			,	(LC	ongitude)
C.	Distance from shor	e (if applicable)	-	1	NA 1	ft.	
đ.	Depth below surface	e (if applicable)			NA 1	ft.	
e.	Average daily flow	rate		0.0	21	mgd	
Ο.	riverage daily now	idic	•	0.0		gu	
f.	Does this outfall ha	ive either an intermit	ttent or a				
	periodic discharge?	?		Yes		$\checkmark$	No (go to A.9.g.)
	If yes provide the f	following information	•		_		(30 to3.)
	ii yes, provide the i	Ollowing intormation	1.				
	Number of times pe	er year discharge oc	ccurs:			N.	A
	Average duration o	of each discharge:	·	•		N.	— A
	Average flow per d	ischarge:			Ü	N.	— A mgd
	Months in which dis	_	-			N.	<u> </u>
	mornio in tritori di	zonargo ocomo.	-				<del>-</del>
g.	Is outfall equipped	with a diffuser?		Yes		$\checkmark$	No
n D	escription of Receiv	ring Waters					
	ood, phon of reduct	mg vvaluioi					
			DEISON BRANC	CH TO APPOMATI	гох	RIVER	
a.	Name of receiving	water HAI	1100011010	OTT TO ALL OWAL			
a.	Name of receiving	water <u>HAI</u>	THOOP BIOAR	OTTO ALLOWAL			
a. b.	_			IESAPEAKE BAY			
	Name of watershed	d (if known)	<u>C</u> +	HESAPEAKE BAY			
	Name of watershed		<u>C</u> +	HESAPEAKE BAY		<u>NA</u>	
b.	Name of watershed	d (if known)  Conservation Service	CH	HESAPEAKE BAY			
	Name of watershed	d (if known)	CH	HESAPEAKE BAY			
b.	Name of watershed United States Soil (	d (if known)  Conservation Service  nagement/River Bas	Che 14-digit watersh	HESAPEAKE BAY ned code (if known): NA		NA	NA
b.	Name of watershed United States Soil (	d (if known)  Conservation Service  nagement/River Bas	Che 14-digit watersh	HESAPEAKE BAY		NA	NA .
b. c.	Name of watershed United States Soil of Name of State Man United States Geol Critical low flow of	d (if known)  Conservation Service  nagement/River Bas  logical Survey 8-digit  receiving stream (if	CH ce 14-digit watersh iin (if known): it hydrologic catalo	HESAPEAKE BAY ned code (if known): NA oging unit code (if kno	own):	<u>AN</u>	NA
b. c.	Name of watershed United States Soil of Name of State Man United States Geol Critical low flow of	d (if known)  Conservation Service  nagement/River Bas  logical Survey 8-digi	CH ce 14-digit watersh iin (if known): it hydrologic catalo	HESAPEAKE BAY ned code (if known): NA	own):	<u>AN</u>	NA .

FACILITY NAME AND P REDHILL UTILITY CO.		MBER:	#	0028258								Approved 1/14/99 Number 2040-0086	
A.11. Description of Tre	atment.							_				<u> </u>	
	treatment a mary vanced	are provi	ded? C	✓ Se	con	pply. idary Describe:							
b. Indicate the fol	lowing rem	oval rate	es (as a	pplicable):		•							
Design BOD <sub>s</sub> r	emoval <u>or</u> l	Design (	CBOD,	removal			SE	E COMN	1ENT	_2 %			
Design SS rem	ioval		J				NA			%			
Design P remo	val						ΝA			%			
Design N remo	val						NA			<del></del>			
Other: NA							NA			 %			
c. What type of d	isinfection i	is used f	nr the s	offluent from	n th	is outfall? If disi			on n				
INJECTION	,					1	medion van	ob by ocuc	-С.1, β	iodoc decomb			
If disinfection is								1	Υe			No	
d. Does the treati	•					o, ano oanan.			- '` Ye	_		No	
d. Does the treat	nent plant	nave po	ac ac a	ion:					- '		•	_ 140	
Outfall number:		028258		MAXIMUM	DAI	- LY VALUE	1		AVE	RAGE DAILY	/ALĪ	JE .	
LUMINE				/alue		Units	Val		AVE:	Units		Number of Samples	
	_		6.0										
pH (Minimum) pH (Maximum)	_		6.9			S.u. S.u.			20 m	roduklada eta 12 Militaria eta 120a eta			
Flow Rate			0.036		M	GD s.u.	0.025		MGD		31	gan nagagar langgar ganggarag naga n	
Temperature (Winter)			16.0		С		13.2	13.2			31		
Temperature (Summer)			28.4		С		26.7		С		31		
* For pH please rep POLLUTANT	oort a minir		AXIMU	M DAILY	val		E DAILY DIS	CHARGE	 :	ANALYTIC	٩L	ML / MDL	
		Co	nc.	Units		Conc.	Units	Numb		METHOD	I		
				<u></u>				Samı	nes				
CONVENTIONAL AND N	1	NA	AL CO	MPOUNDS NA	i	TNA	NA	NA.		NA		NA .	
BIOCHEMICAL OXYGEN	BOD-5	9		MG/L		5	MG/L	3		SM18/4500		NA	
DEMAND (Report one) FECAL COLIFORM	CBOD-5	NA		NA NA		NA NA	NA NA	NA		NA		NA	
TOTAL SUSPENDED SOL	IDS (TSS)												
REFER TO THE	<del></del>	ICATI	ON (	OVERV	ΙE	D OF PAR W TO DET	<b>TERMINI</b>		CH (	OTHER P	ΆF	RTS OF FORM	

	ACILITY NAME AND PERMIT NUMBER: ED HILL MOBILE PARK WWTP 0028258											Approved 1/14/99 Number 2040-0086	
A.11. Description of Tre	atment.			-						· · ·			
a. What levels of	treatment a	re provi	ded? C	heck all tha	at ap	oply.						•	
	mary			,		dary							
Ad	vanced					Describe:							
b. Indicate the following		oval rate	es (as a	pplicable):									
Design BOD <sub>s</sub> n	•		`	•••			99.3	₹		%			
Design SS rem		oongc	50005	Cinovai		•	99.6			%			
Design P remo								-		%			
Design N remo										% %			
	Vai												
Other			-							%		_	
· c. What type of di							nfection varies	s by seas	on, p	ease describe	3.		
INJECTION	OF 15% S	SODIUN	M HYP	OCHLOR	ITE								
If disinfection is	by chlorin	ation, is	dechlo	rination use	ed fo	or this outfall?	-		_ Ye	s <u>-</u>		No	
d. Does the treatr	nent plant l	nave po	st aerat	ion?			-		_ Ye	s	<u> </u>	No No	
Outfall number:	<u>VA00</u>	28258-	001	MAXIMUM			T			RAGE DAILY		one-half years apart UE	
				/alue	<u> </u>	Units	Valu		· I	Units		Number of Samples	
			6.0		<u> </u>	· · · · · · · · · · · · · · · · · · ·	The Control of the Control	eraktire.	24.2	n <del>en rigulation la col</del>	je 's 9'ë,		
pH (Minimum)			6.0			S.U.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		是限				
pH (Maximum)			6.9 0.036		NAC	S.U.	0.025	ATHERITY SALVERTERS					
Flow Rate			16.0		MGD C		13.2		MGI C		31 31		
Temperature (Winter) Temperature (Summer)			28.4		C		26.7		С		31	· · · · · · · · · · · · · · · · · · ·	
* For pH please reg	ort a minin	num and		imum daily		ue	120						
POLLUTANT		M		M DAILY IARGE		AVERAG	E DAILY DIS	CHARGE		ANALYTIC: METHOD		ML/MDL	
		Co	nc.	Units		Conc.	Units	Numb Samp					
CONVENTIONAL AND N	ONCONVE	NTION	AL CO	MPOUNDS		·							
BIOCHEMICAL OXYGEN	BOD-5	N/A		N/A		N/A	N/A	N/A		N/A		N/A	
DEMAND (Report one)	CBOD-5	9		MG/L		5	MG/L	3		SM18/4500		N/A	
FECAL COLIFORM		PERM	41T	DOESN'	Τ	REQUIRE	FECAL	COLIF	OR				
TOTAL SUSPENDED SOL	DS (TSS)	8		MG/L		5.7	MG/L	3		SM/182540	D		
REFER TO THE	APPLI	CATI	ON (			D OF PAR W TO DE		WHIC	CH (	OTHER F	'ΑΙ	RTS OF FORM	

2A YOU MUST COMPLETE

REVISED

Form Approved 1/14/99

	_	UTILITY CO.	# 0028258	OMB Number 2040-0086
KEDI	ПІСЬ	OTILITI CO.	# 002020d	·
ВА	SIC	APPLICATION INFORM	MATION	
PAR	т в.	ADDITIONAL APPLICATION EQUAL TO 0.1 MGD (100,000		CANTS WITH A DESIGN FLOW GREATER THAN OR
All a	plica	ants with a design flow rate ≥ 0.1 mgd	must answer questions B.1 through	gh B.6. All others go to Part C (Certification).
B.1.	Inf	low and Infiltration. Estimate the ave	rage number of gallons per day ti	hat flow into the treatment works from inflow and/or infiltration.
		NA gpd		
	Brie	efly explain any steps underway or plar	nned to minimize inflow and infiltra	ation.
	NA	<b>\</b>		
	_	•		· · · · · · · · · · · · · · · · · · ·
B.2.	Thi			a extending at least one mile beyond facility property boundaries.  (You may submit more than one map if one map does not show
	a.	The area surrounding the treatment p	lant, including all unit processes.	
	b.	The major pipes or other structures th treated wastewater is discharged from		ne treatment works and the pipes or other structures through which falls from bypass piping, if applicable.
	C.	Each well where wastewater from the	treatment plant is injected undergo	ground.
	d.	Wells, springs, other surface water boworks, and 2) listed in public record of		at are: 1) within 1/4 mile of the property boundaries of the treatment it.
	e.	Any areas where the sewage sludge p	produced by the treatment works	is stored, treated, or disposed.
	f.			nder the Resource Conservation and Recovery Act (RCRA) by te enters the treatment works and where it is treated, stored, and/or
	back chlo	rup power sources or redundancy in th	e system. Also provide a water b r balance must show daily averag	cesses of the treatment plant, including all bypass piping and all palance showing all treatment units, including disinfection (e.g., ge flow rates at influent and discharge points and approximate daily the diagram.
B.4.	Оре	ration/Maintenance Performed by C	ontractor(s).	
		any operational or maintenance aspec ractor?YesNo	ts (related to wastewater treatmen	nt and effluent quality) of the treatment works the responsibility of a
	•	s, list the name, address, telephone nues if necessary).	mber, and status of each contrac	ctor and describe the contractor's responsibilities (attach additional
	Nan	ie: NA		
	Mail	ing Address: NA	•	
	Tele	phone Number:		
	Res	ponsibilities of Contractor: NA		
	unco treat	impleted plans for improvements that v	will affect the wastewater treatme ementation schedules or is planni	nformation on any uncompleted implementation schedule or nt, effluent quality, or design capacity of the treatment works. If the ng several improvements, submit separate responses to question
	a.		uestion A.9) for each outfall that is	s covered by this implementation schedule.
I		NA		

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

Yes <u>√</u>No

	UTILITY CO.		# 0028258	i		OMB Num	ber 2040-0086	
				<del>, , , ,</del>	<u> </u>	<del></del>		
			efly describe, including	new maximum	daily inflow	rate (if applicable	е).	
	<u>NA</u>		<del>-</del>					
		entation steps listed lanned or actual com						
			Schedule	Actua	al Completio	n		
	Implementation S	tage	MM / DD / YYY	Y MM /	DD / YYYY			
	– Begin construct	ion	<u>na/ na/ na</u>	<u>NA</u> /	<u>NA</u> / <u>NA</u>			
	- End constructio	n	<u>NA/ NA/ NA</u>	<u>NA</u> /	NA/ NA	•		
	– Begin discharge	e	<u>na/ na/ na</u>	<u>NA</u> /	NA/NA			
	- Attain operation	al level	<u>na</u> / <u>na</u> / <u>na</u>	<u>NA</u> /	NA/ NA			
ė.	Have appropriate	nermite/clearan	ces concerning other F	aderal/State re	autizaments	heen obtained?	Yes ✓	_No
	,	•	ces concerning direct		-	ocen obtained:	163	_140
	Describe briefly.	INA.						
testi over meti stan polli	ing required by the rflows in this secti- hods. In addition, ndard methods for utant scans and m	e permitting auth on. All informati this data must of analytes not ad-	the US must provide of correction of the control of the correction reported must be becomply with QA/QC reducessed by 40 CFR Pathan four and one-half	rough which ef ased on data co quirements of 4 rt 136. At a mil	fluent is disc ollected throu o CFR Part	<u>harged.</u> Do not i ugh analysis cond 136 and other ap	nclude information or ducted using 40 CFR propriate QA/QC requ	combined sew Part 136 irements for
testi over meti stan polli	ing required by the rflows in this secti- hods. In addition, ndard methods for utant scans and metall Number: NA	e permitting authon. All informati this data must of analytes not adoust be no more	ority for each outfall the on reported must be be comply with QA/QC reduced by 40 CFR Pathan four and one-half	rough which ef ased on data co quirements of 4 rt 136. At a mil years old.	fluent is disc blected throi D CFR Part nimum. efflu	harged. Do not i ugh analysis cond 136 and other ap ent testing data n	nclude information or ducted using 40 CFR propriate QA/QC requ	combined sew Part 136 irements for
testi over meti stan polli	ing required by the rflows in this secti- hods. In addition, ndard methods for utant scans and m	e permitting authon. All informati this data must danalytes not adoust be no more  MAXIM DISC	ority for each outfall the on reported must be be comply with QA/QC reduced the property of th	rough which ef ased on data co quirements of 4 rt 136. At a mil years old.	fluent is disconfluent is disconfluent to the confluent is disconfluent in the confluent in the co	harged. Do not in ugh analysis conditions and other appendix testing data in the HARGE	nclude information or ducted using 40 CFR propriate QA/QC requ nust be based on at k	combined sew Part 136 uirements for east three
testi over meti stan polli	ing required by the rflows in this secti- hods. In addition, ndard methods for utant scans and metall Number: NA	e permitting authon. All informati this data must danalytes not adoust be no more	ority for each outfall the on reported must be be comply with QA/QC reduced the property of th	rough which ef ased on data co quirements of 4 rt 136. At a mil years old.	fluent is disc blected throi D CFR Part nimum. efflu	harged. Do not i ugh analysis cond 136 and other ap ent testing data n	nclude information or ducted using 40 CFR propriate QA/QC requ	combined sew Part 136 irements for
testi over meti stan polli Outi	ing required by the rflows in this section hods. In addition, indeed methods for utant scans and manager. NA	e permitting authon. All informati this data must danalytes not adnust be no more  MAXIM DISC Conc.	ority for each outfall the on reported must be be comply with QA/QC reduced the property of th	rough which ef ased on data co quirements of 4 rt 136. At a mil years old.	fluent is disconfluent is disconfluent to the confluent is disconfluent in the confluent in the co	harged. Do not in ugh analysis conditions in 136 and other appent testing data in the HARGE.	nclude information or ducted using 40 CFR propriate QA/QC request be based on at least the description of the ANALYTICAL	combined sew Part 136 uirements for east three
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testi over meti stan polli Outi PC  DNVENT  MMONIA HLORINE ESIDUAL	ing required by the rflows in this section hods. In addition, indeed methods for utant scans and material Number: NA DELUTANT	e permitting authon. All information. All information this data must consider analytes not admiss be no more MAXIM DISC Conc.	ority for each outfall the on reported must be be comply with QA/QC reducesed by 40 CFR Pathan four and one-half UM DAILY CHARGE	rough which ef ased on data co quirements of 4 rt 136. At a mil years old.	fluent is disconfluent is disconfluent to the confluent is disconfluent in the confluent in the co	harged. Do not in ugh analysis conditions in 136 and other appent testing data in the HARGE.	nclude information or ducted using 40 CFR propriate QA/QC request be based on at least the description of the ANALYTICAL	combined sew Part 136 uirements for east three
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FACILITY NAME AND P	ERMIT NUMBER:		Form Approved 1/14/99									
REDHILL UTILITY CO	. #0	028258	OMB Number 2040-0086									
BASIC APPLICA	ATION INFORMAT	ION										
PART C. CERTIFICA	TION		·									
applicants must complete have completed and are	all applicable sections of Fo	rm 2A, as explained in the A ertification statement, applica	ermine who is an officer for the purposes of this certification. All pplication Overview. Indicate below which parts of Form 2A you into confirm that they have reviewed Form 2A and have completed									
Indicate which parts of Form 2A you have completed and are submitting:												
Basic Applic	ation Information packet	Supplemental Application	Information packet:									
		Part D (Expanded	Effluent Testing Data)									
		Part E (Toxicity To	esting: Biomonitoring Data)									
		Part F (Industrial	User Discharges and RCRA/CERCLA Wastes)									
	•	Part G (Combined	l Sewer Systems)									
ALL APPLICANTS MUS	T COMPLETE THE FOLLO	WING CERTIFICATION.										
designed to assure that of who manage the system	qualified personnel properly g or those persons directly res d complete. I am aware that owing violations.	ather and evaluate the inform ponsible for gathering the inf	under my direction or supervision in accordance with a system nation submitted. Based on my inquiry of the person or persons ormation, the information is, to the best of my knowledge and of for submitting false information, including the possibility of fine									
Name and official title	C. RAY BEARD OWNER		<u>.                                    </u>									
Signature	——————————————————————————————————————	<i>804</i>	<del></del>									
Telephone number	(434) 973-7200	150										
Date signed	9/73	108										
	nitting authority, you must sub late permitting requirements.		cessary to assess wastewater treatment practices at the treatment									

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER	٠

REDHILL UTILITY CO.

# 0028258

Form Approved 1/14/99 OMB Number 2040-0086

### SUPPLEMENTAL APPLICATION INFORMATION

### PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

POLLUTANT	MAXIMUM DAILY AVERAGE DAILY DISCHA DISCHARGE			ARGE							
·	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
METALS (TOTAL RECOVERABLE),	CYANIDE,	PHENO	LS, AND	HARDNE	SS.						
ANTIMONY	NA				,					]	
ARSENIC	NA										
BERYLLIUM	NA										
CADMIUM	NA		-								
CHROMIUM	NA							χ.			
COPPER	NA										
LEAD	NA									_	
MERCURY	NA										
NICKEL	NA										
SELENIUM	NA										
SILVER	NA										
THALLIUM	NA										•
ZINC	NA			·							
CYANIDE	NA								_		
TOTAL PHENOLIC COMPOUNDS	NA										
HARDNESS (AS CaCO <sub>3</sub> )	NA										
Jse this space (or a separate sheet) t	o provide in	formatio	on other	metals re	equested t	y the per	mit writer				

REDHILL UTILITY CO.

# 0028258

Outfall number:									the United S	States.)	·
POLLUTANT	N	DISCH	JM DAIL' HARGE		A۱	/ERAGE		DISCH	ARGE		ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	NA	,				II					
ACRYLONITRILE	NA										
BENZENE	NA				<u> </u>						
BROMOFORM	NA										
CARBON TETRACHLORIDE	NA										
CLOROBENZENE	NA					_			_		
CHLORODIBROMO-METHANE	NA										
CHLOROETHANE	NA										
2-CHLORO-ETHYLVINYL ETHER	NA									·	
CHLOROFORM	NA										
DICHLOROBROMO-METHANE	NA										
1,1-DICHLOROETHANE	NA										
1,2-DICHLOROETHANE	NA								. <b></b>		
TRANS-1.2-DICHLORO-ETHYLENE	NA	•									
1.1-DICHLOROETHYLENE	NA										
1,2-DICHLOROPROPANE	NA										
1,3-DICHLORO-PROPYLENE	NA										
ETHYLBENZENE	NA										
METHYL BROMIDE	NA										
METHYL CHLORIDE	NA										
METHYLENE CHLORIDE	NA										
1,1,2,2-TETRACHLORO-ETHANE	NA										
TETRACHLORO-ETHYLENE	NA							-			
TOLUENE	NA							_			

REDHILL UTILITY CO.

# 0028258

Outfall number:								_	the United S	States.)	
POLLUTANT	N		JM DAIL` HARGE	Υ	A۱	/ERAGE	DAILY	DISCH	ARGE		
	Conc.	Units	Mass	Units	Сопс.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
1,1,1-TRICHLOROETHANE	NA										
1.1.2-TRICHLOROETHANE	NA				-				· <del>-</del>		
TRICHLORETHYLENE	· NA										
VINYL CHLORIDE	NA										
Use this space (or a separate sheet	t) to provide in	formatio	n on other	volatile o	rganic cor	npounds	requeste	by the p	permit writer.		
	NA	·									
ACID-EXTRACTABLE COMPOUN	IDS			·							
P-CHLORO-M-CRESOL	NA										
2-CHLOROPHENOL	NA						_				
2.4-DICHLOROPHENOL	. NA										
2.4-DIMETHYLPHENOL	NA										
4,6-DINITRO-O-CRESOL	NA										_
2,4-DINITROPHENOL	NA										
2-NITROPHENOL	NA									1	
4-NITROPHENOL	NA		,						·		
PENTACHLOROPHENOL	NA ·			7							
PHENOL	NA										
2,4,6-TRICHLOROPHENOL	NA							-			
Use this space (or a separate sheet	t) to provide in	formatio	n on other	acid-extr	actable co	mpound	requeste	d by the	permit writer.	··	
BACE NEUTRAL COMME	NA			<u> </u>							
BASE-NEUTRAL COMPOUNDS.				1		Γ		<del>                                     </del>		··	
ACENAPHTHENE 	NA										
ACENAPHTHYLENE	NA										
ANTHRACENE	NA										
BENZIDINE	NA NA										
BENZO(A)ANTHRACENE	NA										
BENZO(A)PYRENE	NA										

REDHILL UTILITY CO.

# 0028258

Outfall number:POLLUTANT		MIXAN	M DAIL				DAILY		the United S		_
	Conc.	DISCI- Units	Mass	Units	Conc.	Units	Mass.	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
3.4 BENZO-FLUORANTHENE	NA										
BENZO(GHI)PERYLENE	NA										<u>,</u>
BENZO(K)FLUORANTHENE	NA								·		
BIS (2-CHLOROETHOXY) METHANE	NA									;	
BIS (2-CHLOROETHYL)-ETHER	NA										
BIS (2-CHLOROISO-PROPYL) ETHER	NA						_				
BIS (2-ETHYLHEXYL) PHTHALATE	NA										
4-BROMOPHENYL PHENYL ETHER	NA								,		_
BUTYL BENZYL PHTHALATE	NA										
2-CHLORONAPHTHALENE	NA										
4-CHLORPHENYL PHENYL ETHER	NA						-				
CHRYSENE	NA										
DI-N-BUTYL PHTHALATE	NA.										
DI-N-OCTYL PHTHALATE	NA										
DIBENZO(A.H) ANTHRACENE	NA										
1.2-DICHLOROBENZENE	NA										
1,3-DICHLOROBENZENE	NA										
1,4-DICHLOROBENZENE	NA	_	_								
3.3-DICHLOROBENZIDINE	NA			•							
DIETHYL PHTHALATE	NΑ										
DIMETHYL PHTHALATE	NA								,		
2,4-DINITROTOLUENE	NA										
2,6-DINITROTOLUENE	NA										
1,2-DIPHENYLHYDRAZINE	NA	_								·	

REDHILL UTILITY CO.

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Outfall number:	(Complete once for each outfall discharging effl				•						
POLLUTANT	N		JM DAIL HARGE	Y	A۱	VERAGE	DAILY	DISCH	ARGE		
	Conc.	Units		Units	Сопс.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
FLUORANTHÊNE	NA		_								
FLUORENE	NA										
HEXACHLOROBENZENE	NA										
HEXACHLOROBUTADIENE	NA										
HEXACHLOROCYCLO- PENTADIENE	NA		_								
HEXACHLOROETHANE	NA										
INDENO(1,2,3-CD)PYRENE	NA										
ISOPHORONE	NA										
NAPHTHALENE	NA				•						
NITROBENZENE	NA								ŧ	<b>\</b>	
N-NITROSODI-N-PROPYLAMINE	NA										
N-NITROSODI- METHYLAMINE	NA										
N-NITROSODI-PHENYLAMINE	NA										
PHENANTHRENE	NA										
PYRENE	NA								_		
1,2,4-TRICHLOROBENZENE	NA										
Use this space (or a separate sheet) to	provide in	formatio	n on othe	base ne	utral comp	ounds re	quested t	y the pe	rmit writer.		
	NA										
Use this space (or a separate sheet) to	provide in	formatio	n on othe	r pollutani	s (e.g., pe	esticides)	requested	by the p	ermit writer.		
	na				_						

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

EACIL	ITY NAME	AND	PERMIT	NUMBER:
FMUIL		MIND	L PLYMII I	MOINDEN.

REDHILL UTILITY CO.

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## SUPPLEMENTAL APPLICATION INFORMATION

#### PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity
  test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results
  of a toxicity reduction evaluation, if one was conducted.

requested in question E.4 for	any of the information requested in previously submitted information. re available that contain all of the in of complete Part E. Refer to the Ap	If EPA methods we information request	ere not used, report the led below, they may b	ne reasons for using alternate ne submitted in place of Part E.
E.1. Required Tests.	= =			
Indicate the number of whole effluerchronicacute E.2. Individual Test Data. Complete the	•		•	our and and half warre. Allow and
column per test (where each specie	s constitutes a test). Copy this pag	ge if more than thre	e tests are being rep	orted.
	Test number: NA	Test number:_	NA	Test number: NA
a. Test information.		ž.		
Test species & test method number	NA			
Age at initiation of test	NA			
Outfall number	NA	-	<del></del>	
Dates sample collected	NA		,	
Date test started	NA			
Duration	NA			
b. Give toxicity test methods follow	ed.		Tar 2	<u> </u>
Manual title	NA			
Edition number and year of publication	NA			
Page number(s)	NA			
c. Give the sample collection meth	od(s) used. For multiple grab sam	ples, indicate the n	umber of grab sample	es used.
24-Hour composite	NA			
Grab	NA			
d. indicate where the sample was	taken in relation to disinfection. (Ch	neck all that apply f	or each)	
Before disinfection	NA			
After disinfection	NA			
After dechlorination	NA			

REDHILL UTILITY CO.

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	Test number: NA_	Test number: NA	Test number: NA
e. Describe the point in the treatme	nt process at which the sample was	collected.	
Sample was collected:	NA		,
f. For each test, include whether the	e test was intended to assess chronic	toxicity, acute toxicity, or both.	
Chronic toxicity	NA		
Acute toxicity	NA		
g. Provide the type of test performe	d.		
Static	NA		
Static-renewal	NA		
Flow-through	NA		
h. Source of dilution water. If labora	atory water, specify type; if receiving	water, specify source.	
Laboratory water	NA		
Receiving water	NA		
i. Type of dilution water. It salt water	er, specify "natural" or type of artificia	Il sea salts or brine used.	ļ
Fresh water	NA		
Salt water	NA		
j. Give the percentage effluent used	for all concentrations in the test seri	ies.	,
	NA		
	NA		
	NA		
	test. (State whether parameter mee	ts test method specifications)	
рН	NA		
Salinity	NA		_
Temperature	NA		
Ammonia	NA		
Dissolved oxygen	NA		
I. Test Results.			
Acute:			
Percent survival in 100% effluent	NA %	%	%
LC <sub>50</sub>	NA		
95% C.I.	NA %	%	%
Control percent survival	NA %	%	%
Other (describe)	NA		

FACILITY NAME AND PERMIT NUMBE REDHILL UTILITY CO.	<b>R</b> : # 0028258	Form Approved 1/14/99 OMB Number 2040-0086			
Chronic:					
NOEC	NA %	%	%		
IC <sub>25</sub>	NA %	%	%		
Control percent survival	NA %	. %	%		
Other (describe)	NA				
m. Quality Control/Quality Assurar	nce.		<del>- "</del>		
Is reference toxicant data available?	NA	· <del>-</del> ·			
Was reference toxicant test within acceptable bounds?	NA				
What date was reference toxicant test run (MM/DD/YYYY)?					
Other (describe)	NA				
E.4. Summary of Submitted Biomonite cause of toxicity, within the past for summary of the results.	oring Test Information. If you have sur and one-half years, provide the dates  (MM/DD/YYYY)	ubmitted biomonitoring test informat			
REFER TO THE APPLICA	END OF PA TION OVERVIEW TO DE 2A YOU MUST C	TERMINE WHICH OTH	ER PARTS OF FORM		

REDHILL UTILITY CO.

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# SUPPLEMENTAL APPLICATION INFORMATION

# PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. GENERAL INFORMATION: F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? \_\_\_\_Yes ✓ No

Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following type of industrial users that discharge to the treatment works.

a.	Number of non-categorical SIUs.	NA
b.	Number of CIUs.	NA

SIGNIFICANT	T INDUSTRIAL	. USER IN <del>I</del>	FORMATION:
-------------	--------------	------------------------	------------

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

Significant Industrial Upages as necessary.	<b>User Information.</b> Provide the name and address of each SIU discharging to the treatment works. Submit additional
Name:	NA
Mailing Address:	NA
	Describe all of the industrial processes that affect or contribute to the SIU's discharge.
Principal Product(s) a discharge.	nd Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
Principal product(s):	NA
Raw material(s):	NA
Flow Rate.	
	r flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons the the discharge is continuous or intermittent.
NA gr	od (continuous orintermittent)
b. Non-process waste system in gallons p	water flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection er day (gpd) and whether the discharge is continuous or intermittent.
NA gr	od (continuous orintermittent)
Pretreatment Standard	is. Indicate whether the SIU is subject to the following:
a. Local limits	YesNo
b. Categorical pretreat	tment standardsYesNo
If subject to categorical	pretreatment standards, which category and subcategory?
	pages as necessary. Name:  Mailing Address:  Industrial Processes. NA  Principal Product(s) a discharge. Principal product(s): Raw material(s): Flow Rate.  a. Process wastewate per day (gpd) and was NA grade.  b. Non-process waste system in gallons page. NA grade.  Pretreatment Standard a. Local limits b. Categorical pretreat

FACI	LITY NAME AND PERMIT NUMBER:		Form Approved 1/14/99
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F.8.	Problems at the Treatment Works Attril upsets, interference) at the treatment wor		e SIU. Has the SIU caused or contributed to any problems (e.g.,
	Yes_ <u>√</u> No If yes, descri	ribe each episode.	
	NA		<del></del>
		<u> </u>	
RCR	A HAZARDOUS WASTE RECEIVED	BY TRUCK, RAIL, OR DEDIC	ATED PIPELINE:
F.9.	RCRA Waste. Does the treatment works pipe?Yes ✓ No (go to F.12.)	receive or has it in the past three y	ears received RCRA hazardous waste by truck, rail, or dedicated
F.10.	Waste Transport. Method by which RCI	RA waste is received (check all that	apply):
	TruckRail	Dedicated Pipe	
- 44	Marka Basastatian Oire FDA harrada		
F.11.	<b>Waste Description.</b> Give EPA hazardou EPA Hazardous Waste Number	is waste number and amount (volui <u>Amount</u>	ne or mass, specify units). <u>Units</u>
	NA	NA	NA STATE OF THE ST
	NΔ	NA .	NA
	NA .	NA NA	NA
	CLA (SUPERFUND) WASTEWATEF ION WASTEWATER, AND OTHER F		
			tified that it will) receive waste from remedial activities?
	Yes (complete F.13 through F.15.)	,	and that it may robotto trade from formound doctation.
	Provide a list of sites and the requested i	<del></del>	current and future site
	Tovide a list of sites and the requested i	mormation (1.715 - 1.715.) for each c	
F.13.	Waste Origin. Describe the site and type in the next five years).	e of facility at which the CERCLA/R	CRA/or other remedial waste originates (or is expected to originate
	NA	<del>_</del>	
E 14	Pollutante Liet the hazardous constitue	nts that are received for are expect	ed to be received). Include data on volume and concentration, if
1 . 1-4.	known. (Attach additional sheets if neces		ed to be received). Include data on volume and concentration, in
	NA		<u> </u>
F 46	18tonto Tonotonos		
F.15.	Waste Treatment.	ad) prior to apparing the treatment.	warka?
	<ul> <li>a. Is this waste treated (or will it be treat</li> <li>Yes ✓ No</li> </ul>	ed) prior to entering the treatment (	vorks?
	If yes, describe the treatment (provide	n information about the semeval offi	signau):
	ii yes, describe the treathert (provide	e information about the removal em	ciency).
		<del></del>	
1	b. Is the discharge (or will the discharge	be) continuous or intermittent?	
	ContinuousIn	termittent If intermittent, de	scribe discharge schedule.
-	<del></del>	END OF PAR	T F
RE	FER TO THE APPLICATION		T. ERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

REDHILL UTILITY CO.

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SUPPLEMENTAL APPLICATION INFORMATION	

# PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

- G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)
  - a. All CSO discharge points.
  - b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
  - c. Waters that support threatened and endangered species potentially affected by CSOs.
- **G.2. System Diagram.** Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:
  - a. Locations of major sewer trunk lines, both combined and separate sanitary.
  - b. Locations of points where separate sanitary sewers feed into the combined sewer system.
  - c. Locations of in-line and off-line storage structures.
  - d. Locations of flow-regulating devices.
  - e. Locations of pump stations.

CSO O	JTFALLS:				
Complet	te questions G.3 throug	h G.6 once for each CSO discharge point.			
G.3. Des	scription of Outfall.				
а.	Outfall number	NA			
b.	Location	NA (City or town, if applicable)		(Zip Code)	
		NA	NA		
		(County)		(State)	
		NA .		· NA	
		(Latitude)		(Longitude)	
C.	Distance from shore (if	applicable)	NA ft.		
d.	Depth below surface (if	applicable)	NA ft.		
€.	Which of the following w	vere monitored during the last year for this CSG	0?		
	Rainfall CSO flow volume	CSO pollutant concentrations  Receiving water quality	CSO frequency	у	
f.	<del></del>	s were monitored during the last year?	<u>NA</u>		
G.4. CS	O Events.				
a.	Give the number of CSC	D events in the last year.			
	events (	_ actual or approx.)			
b.	Give the average duration	on per CSO event.			
	hours (	_ actual or approx.)			

FACILITY NAME AND PERMIT NUMBER:				Form Approved 1/14/99
REDH	ILL UTILITY CO.	# 0028258		OMB Number 2040-0086
	c. Give the average volume pe	r CSO event.		
	million gallons (	actual or approx.)		
	d. Give the minimum rainfall the	at caused a CSO event in the last yea		
	inches of rainfa	II ,		
G.5. [	Description of Receiving Water	<b>s.</b>		· .
	a. Name of receiving water: $\underline{}$	IA .		
	b. Name of watershed/river/stre			
	United States Soil Conserva	tion Service 14-digit watershed code	nown): NA	· · · · · · · · · · · · · · · · · · ·
	c. Name of State Management	/River Bàsin: NA		
	United States Geological Su	rvey 8-digit hydrologic cataloging unit	le (if known): NA	
G.6. C	SO Operations.			
		y impacts on the receiving water caush bed closings, fish kills, fish advisor		
	NA			
	·			<del></del>
-		END OF I	RT G.	<del></del>
REI	ER TO THE APPLIC	ATION OVERVIEW TO 2A YOU MUST		HER PARTS OF FORM

Additional information, if provided, will appear on the following pages.

# **COMMENTS**

- 1. Unknown. All records and information were removed by previous operator (August 2005). Mr. Charles Stitzer (DEQ) was kind enough to send a copy of the O & M manual (see Attachment #1).
- 2. No information available.
- 3. Equipment to determine this does not exist at the plant.

# **ATTACHMENTS**

- 1. Letter from Mr. Charles Stitzer (DEQ) and cover of O & M manual.
- 2. Topographic maps and details.
- 3. Plant process line drawing and details.





# COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

W. Tayloe Murphy, Jr. Secretary of Natural Resources PIEDMONT REGIONAL OFFICE

4949-A Cox Road Glen Allen, Virginia 23060 (804) 527-5020 Fax (804) 527-5106 www.deq.state.va.us Robert G. Burnley Director

Gerard Seeley, Jr. Piedmont Regional Director

December 6, 2004

Joe Joseph South Central Wastewater Authority. 900 Magazine Rd. Petersburg, VA 23803

Re: Red Hill MHP

Dear Mr. Joseph:

Enclosed, per your request, is a copy of the Red Hill Mobile Home Wastewater Treatment Plant's Operation and Maintenance Manual. If I can be of further assistance, please call me at (804) 527-5060.

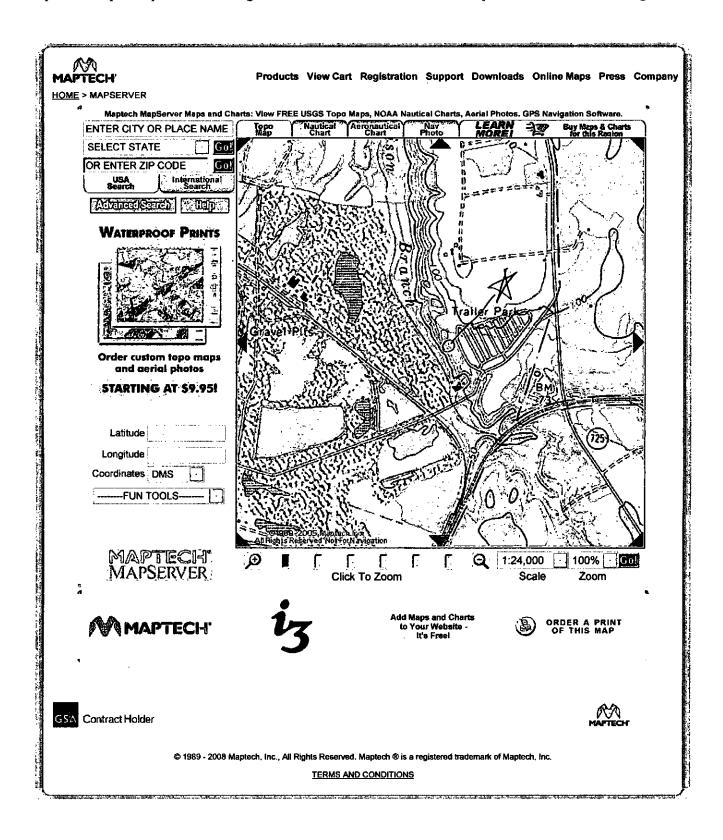
Sincerely,

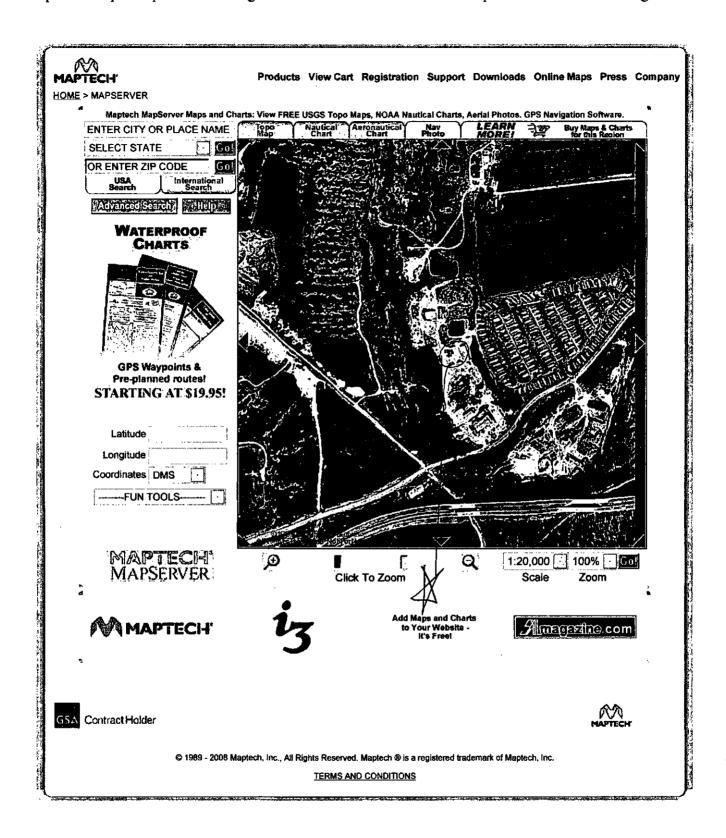
Charles R. Stitzer

**Environmental Inspector** 

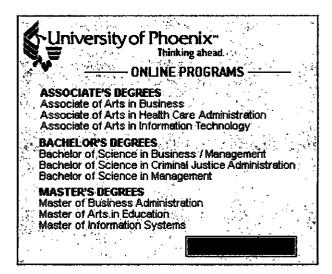
# OPERATIONAL and MAINTENANCE MANUAL

# REDHILL MOBILE HOME WASTEWATER TREATMENT PLANT









# A: 3812 Puddledock Rd, Prince George, VA 23875-1350 1: Start out going SOUTHWEST on PUDDLEDOCK RD. 0.6 mi 2: Turn LEFT to stay on PUDDLEDOCK RD. 1.3 mi (ES) 36, 3: Turn RIGHT onto E WASHINGTON ST/VA-36 W. 0.7 mi 4: Turn SLIGHT RIGHT onto E BANK ST. 0.5 mi 5: Turn RIGHT onto N CRATER RD/US-301/VA-36. 0.1 mi 6: Turn LEFT onto BOLLINGBROOK ST/US-301/VA-36. 0.5 mi 7: Turn RIGHT onto 2ND ST/US-1/US-301/N ADAMS ST. 0.2 mi 8: Turn RIGHT onto BRIDGE ST. 0.1 mi 9: BRIDGE ST becomes SAPONY ST. 0.1 mi



10: Turn RIGHT onto ROLFE ST.

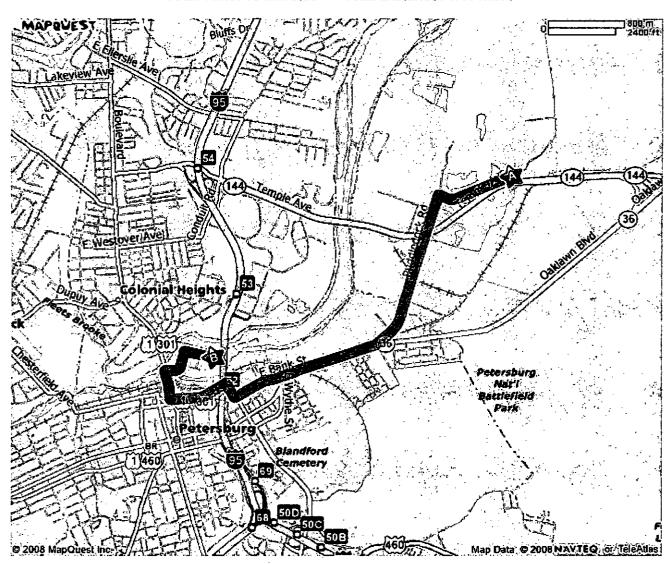
0.2 mi

11: End at 900 Magazine Rd Petersburg, VA 23803-3400

Estimated Time: 10 minutes Estimated Distance: 4.45 miles

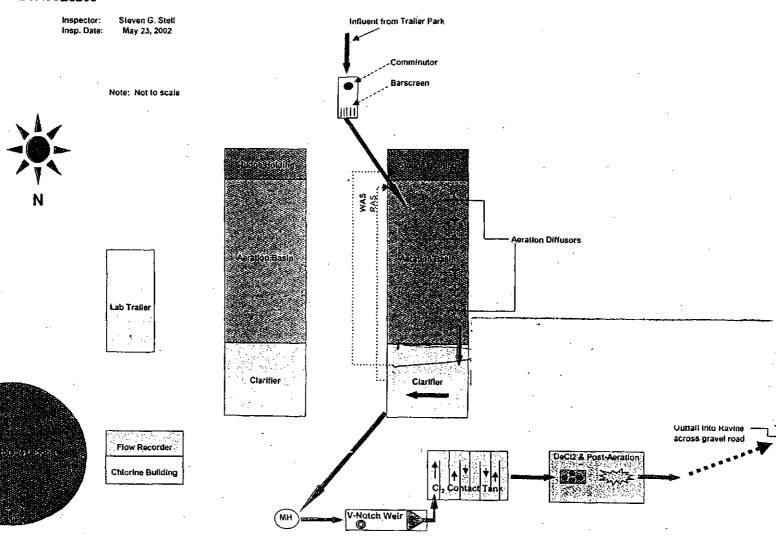
B: 900 Magazine Rd, Petersburg, VA 23803-3400

**Total Time: 10 minutes** Total Distance: 4.45 miles

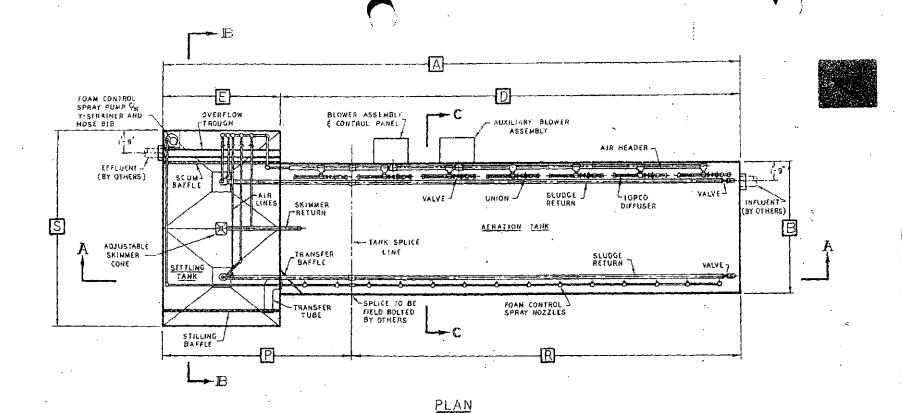


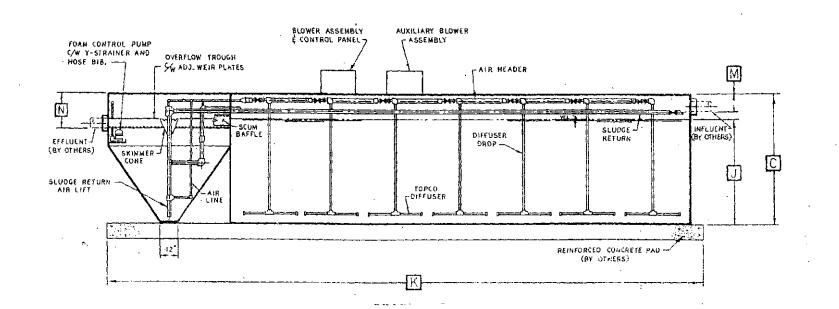
Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use

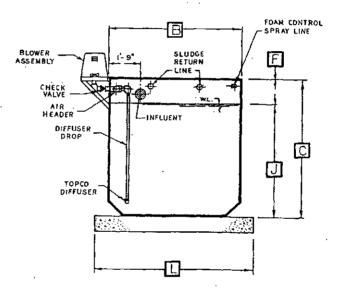
# Red Hill Trailer Park - Prince George County #VA0028258



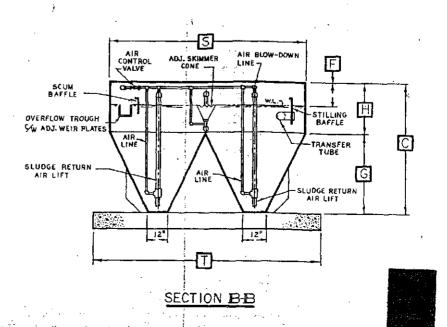
Flow Level Sensor







# SECTION C.C



FACILITY NAME: Red Hill Utility Co.

**VPDES PERMIT NUMBER: 0028258** 

#### VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

### SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1.	All applicants must complete Section A (General Information).
2.	Does this facility generate sewage sludge?X Yes No
	Does this facility derive a material from sewage sludge? YesX No
	If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).
3.	Does this facility apply sewage sludge to the land? YesX_ No
	Is sewage sludge from this facility applied to the land? YesX No
	If you answer "No" to all above, skip Section C.
	If you answered "Yes" to either, answer the following three questions:
	<ul> <li>Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?</li> <li>YesX No</li> </ul>
	b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land?  Yes X No
	c. Is sewage sludge from this facility sent to another facility for treatment or blending? _X_ Yes No
	If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).
	If you answered "Yes" to a, b or c, skip Section C.
4.	Do you own or operate a surface disposal site? YesX No
	If "Yes", complete Section D (Surface Disposal).

FACILITY NAME: Red Hill Utility Co.

VPDES PERMIT NUMBER: 0028258

## SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. F						
	acility Information.					
a.	Facility name: REDH	IILL UTILITY CO				
b	. Contact person: C. R.	AY BEARD				
		73-7200				
c.						
	Street or P.O. Box:	2073 CYPRESS DR				
	City or Town:C	HARLOTTESVILLE	State:	VA	Zip:2	2911
đ						
	Street or Route #:	3812 PUDDLEDOCK RD. # 151				
		OF PRINCE GEORGE				
		PRINCE GEORGE				
e.		l sludge management facility?				<del></del>
f.	-	rate: _0.039		_	•	
g		red:500				
h.			<del></del>			
		d treatment works (POTW)				
	<del></del> -	ed treatment works				
	A Privately own	ca creatificity of the				
	Federally own	ed treatment works				
	Federally own Blending or tre	ed treatment works eatment operation				
	Federally own Blending or tre Surface dispos	ed treatment works eatment operation sal site				
2. A	Federally own Blending or tre Surface dispos Other (describ	ed treatment works eatment operation sal site e):				
2. A	Federally own Blending or tre Surface dispos Other (describ	ed treatment works eatment operation sal site ee):  If the applicant is different from t	he above, provi	de the follo	wing:	
a.	Federally own Blending or tre Surface dispos Other (describ Applicant Information. Applicant name:	ed treatment works eatment operation sal site e):	he above, provi	de the follo	wing:	
	Federally own Blending or tre Surface dispose Other (describe Applicant Information. Applicant name: Mailing address:	ed treatment works eatment operation sal site se):  If the applicant is different from t NA	he above, provi	de the follo	wing:	
a.	Federally own Blending or tre Surface dispose Other (describe Applicant Information. Applicant name: Mailing address: Street or P.O. Box:	ed treatment works eatment operation sal site e):  If the applicant is different from t NA	he above, provi	de the follo	wing:	
a.	Federally own Blending or tre Surface dispose Other (describe applicant Information. Applicant name: Mailing address: Street or P.O. Box: City or Town:	ed treatment works eatment operation sal site se):  If the applicant is different from t  NA  NA  NA  NA  NA	he above, provi	de the follo	wing:	
a. b	Federally own Blending or tre Surface dispose Other (describe Applicant Information. Applicant name: Mailing address: Street or P.O. Box: City or Town: Contact person:	ed treatment works eatment operation sal site ee):  If the applicant is different from t NANANANANANANANANANANANANANANANANA	he above, provi	de the follo	wing:Zip:	NA
a. b	Federally own Blending or tre Surface dispose Other (describe Applicant Information. Applicant name: Mailing address: Street or P.O. Box: City or Town: Contact person: Title:	ed treatment works eatment operation sal site se):  If the applicant is different from t NANA	he above, provi	de the follo	wing:Zip:	NA
a. b	Federally own Blending or tre Surface dispose Other (describe Applicant Information. Applicant name: Mailing address: Street or P.O. Box: City or Town: Contact person: Title: Phone: ()	ed treatment works eatment operation sal site ee):  If the applicant is different from t  NA  NA  NA  NA  NA  NA  NA  NA  NA  N	he above, provi	de the follo	wing:Zip:	NA
a. b	Federally own Blending or tre Surface dispose Other (describe Applicant Information. Applicant name: Mailing address: Street or P.O. Box: City or Town: Contact person: Title: Phone: ()	ed treatment works eatment operation sal site se):  If the applicant is different from t NANA	he above, provi	de the follo	wing:Zip:	NA
a. b	Federally own Blending or tre Surface dispose Other (describe Applicant Information. Applicant name: Mailing address: Street or P.O. Box: City or Town: Contact person: Title: Phone: () Is the applicant the or owner Should corresponden	ed treatment works eatment operation sal site ee):  If the applicant is different from t NA	he above, provi	de the follo	wing:Zip:	NA
a. b	Federally own Blending or tre Surface dispose Other (describe Applicant Information. Applicant name: Mailing address: Street or P.O. Box: City or Town: Contact person: Title: Phone: () Is the applicant the or owner	ed treatment works eatment operation sal site se):  If the applicant is different from t NANA	he above, provi	de the follo	wing:Zip:	NA
a. b c. d	Federally own Blending or tre Surface dispose Other (describe Applicant Information. Applicant name: Mailing address: Street or P.O. Box: City or Town: Contact person: Title: Phone: () Is the applicant the or owner Should corresponden	ed treatment works eatment operation sal site ee):  If the applicant is different from t NA	he above, provi	de the follo	wing:Zip:	NA
a. b c. d	Federally own Blending or tre Surface dispose Other (describe Applicant Information. Applicant name: Mailing address: Street or P.O. Box: City or Town: Contact person: Title: Phone: () Is the applicant the or owner Should correspondenfacility Permit Information.	ed treatment works eatment operation sal site ee):  If the applicant is different from t NA	he above, provi	NA	wing:Zip:	NA
a. b c. d e.	Federally own Blending or tre Surface dispose Other (describe Applicant Information. Applicant name: Mailing address: Street or P.O. Box: City or Town: Contact person: Title: Phone: () Is the applicant the ore owner Should corresponden facility Permit Information. Facility's VPDES per List on this form or a	ed treatment works eatment operation sal site ee):  If the applicant is different from t	State:State:State:State:State:State:State or local permits o	NA	wing:Zip:	NA
a. b c. d e. 3. P a.	Federally own Blending or tre Surface dispose Other (describe Applicant Information. Applicant name: Mailing address: Street or P.O. Box: City or Town: Contact person: Title: Phone: () Is the applicant the ore owner Should corresponden facility Permit Information. Facility's VPDES per List on this form or a	ed treatment works eatment operation sal site ee):  If the applicant is different from t	State:State:State:State:State:State:State or local permits o	NA	wing:Zip:	NA

		ed Hill Utility Co.			NUMBER: 0028258		
		s any generation, treatment, Country? YesX			ewage sludge from this		
t' f	hat shows the followin facility: SEE ATTAC a. Location of all sev treated, or dispose b. Location of all we	vage sludge management fac	d include the area on cilities, including loc e water bodies listed	e mile beyond all propo ations where sewage sl	erty boundaries of the udge is generated, stored,		
t s	be employed during the sewage sludge, the desi	de a line drawing and/or a na e term of the permit includin tination(s) of all liquids and eduction. SEE ATTACHME	g all processes used solids leaving each (	for collecting, dewater	ing, storing, or treating		
t	treatment, use or dispo	ion. Are any operational or a sal the responsibility of a coollowing for each contractor	ntractor?XY	esNo	to sewage sludge generation		
1	Name:JOHNNY Oi	N THE SPOT DAVID BEF	RBERICH				
1	Mailing address:						
5	Street or P.O. Box:	_6110 PLAIN DR.:			<u> </u>		
	City or Town:PETERSBURG State:VA Zip:23803 Phone: ( _804 ) _733-6292						
(	Contractor's Federal, State or Local Pennit Number(s) applicable to this facility's sewage sludge:						
_	219-06H						
		oonsible for the use and/or di			cription of the service to b		
F	<b>Pollutant Concentrations.</b> Using the table below or a separate attachment, provide sewage sludge monitoring data for to pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. AVERAGE OF TESTS OF SAMPLES FOR 6/11/08 7/11/08 8/11/08						
	POLLUTANT	CONCENTRATION	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVE		

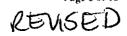
POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic		<u> </u>	SW846/6010	1MG/KG
Cadmium			SW846/6010	1MG/KG
Chromium			SW846/6010	1MG/KG
Copper			SW846/6010	1MG/KG
Lead			SW846/6010	1MG/KG
Mercury		<u> </u>	SW846/7471A	0.25MG/KG
Molybdenum	"		SW846/6010	1MG/KG
Nickel			SW846/6010	1MG/KG
Selenium			SW846/6010	1MG/KG
Zinc			SW846/6010	0.5MG/KG

determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
_X_ Section A (General Information)
_X_ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
NA_ Section C (Land Application of Bulk Sewage Sludge)
NA_ Section D (Surface Disposal)
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."  Name and official titleC_BAY_BEARD_/OWNER
Signature Date Signed 7/23/08.
Telephone number (2434_0)_973-7200
Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

# SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

		al dry metric tons per 365-day period generated at your facility: _17600gal dry metric tons
•	disp	nount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or posal, provide the following information for each facility from which sewage sludge is received. If you receive sewage from more than one facility, attach additional pages as necessary.
	a.	Facility name: _n/a
	b.	Contact Person: _n/a RECEIVED
		Title: _n/a NOV 20 2008
		Phone: () _n/a
	c.	Mailing address:
		Street or P.O. Box: _n/a
		City or Town:
	d.	Facility location: n/a
		(not P.O. Box)n/a
	e.	Total dry metric tons per 365-day period received from this facility: _n/a dry metric tons
	ť.	Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
		11/4
•	Tre	eatment Provided at Your Facility.
	a.	Which class of pathogen reduction is achieved for the sewage sludge at your facility?  Class A Class B X Neither or unknown
	b.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce
		pathogens in sewage sludge: none
	c.	Which vector attraction reduction option is met for the sewage sludge at your facility?
		Option 1 (Minimum 38 percent reduction in volatile solids)
		Option 2 (Anaerobic process, with bench-scale demonstration)
		Option 3 (Aerobic process, with bench-scale demonstration)
		Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
		Option 5 (Aerobic processes plus raised temperature)
		Option 6 (Raise pH to 12 and retain at 11.5)
		Option 7 (75 percent solids with no unstabilized solids)
		Option 8 (90 percent solids with unstabilized solids)
		X None or unknown
	d.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector
		attraction properties of sewage sludge:none
	e.	Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including
	С.	blending, not identified in a - d above:



Option 2 (Anaerobic process, with bench-scale demonstration)

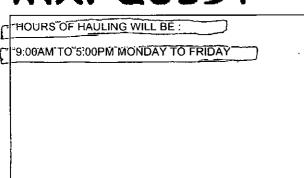
	Option 3 (Aerobic process, with bench-scale demonstration)
	Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
	Option 5 (Aerobic processes plus raised temperature)
	x Option 6 (Raise pH to 12 and retain at 11.5)
	Option 7 (75 percent solids with no unstabilized solids)
	Option 8 (90 percent solids with unstabilized solids)
	None unknown
	Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce
-	vector attraction properties of sewage sludge:
h.	Does the receiving facility provide any additional treatment or blending not identified in f or g above?  Yes _x No
	If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:
i.	If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.
j	Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? Yes _x No
	If "Yes", provide a copy of all labels or notices that accompany the product being sold or given away.
k. :	Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? _x Yes No. If "No", provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
	Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week
	and the times of the day sewage sludge will be transportedSEE ATTACHMENT ENCLOSED
	nd Application of Bulk Sewage Sludge.WE DO NOT APPLY SLUDGE  omplete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in
	testions 4, 5 or 6. Complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)
a.	Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:  dry metric tons
b.	Do you identify all land application sites in Section C of this application? Yes No
	If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
c.	Are any land application sites located in States other than Virginia? Yes No
	If "Yes", describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
đ.	Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with
	the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

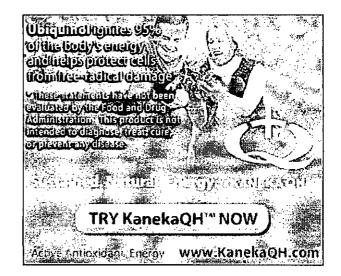
VPDES PERMIT NUMBER #\_0028258\_\_\_\_\_

7.

FACILITY NAME: RED HILL MOBILE PARK (WWTP)

# MAPQUEST





Total Time: 14 minutes

Total Distance: 8.37 miles

A: Red Hill Mobile Home Park: 3812 Puddledock Rd # 148, Prince George, VA 23875, (804) 733-2880

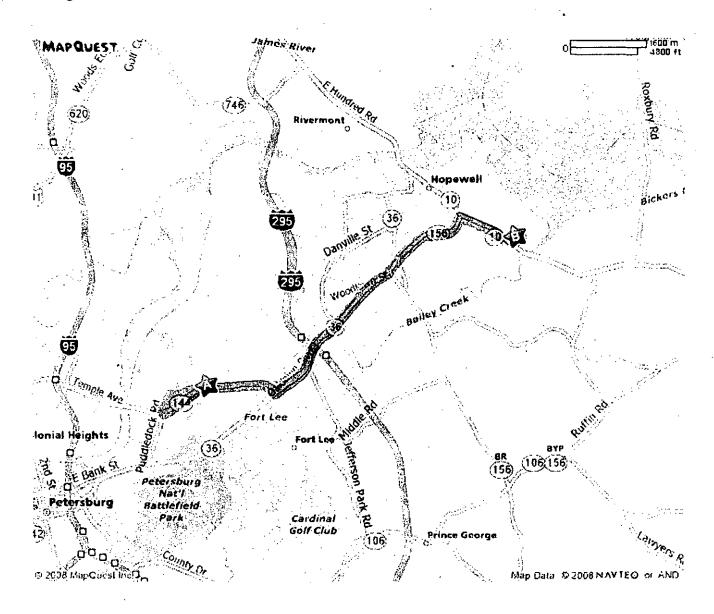
HATT	1: Start out going SOUTHWEST on PUDDLEDOCK RD.	0.6 mi
	2: Turn LEFT to stay on PUDDLEDOCK RD.	0.4 mi
144	3: Turn LEFT onto VA-144 E/TEMPLE AVE.	2.0 mi
26 36	4: Turn LEFT onto OAKLAWN BLVD/VA-36 E. Continue to follow VA-36 E.	3.0 mi
1	5: Stay STRAIGHT to go onto WINSTON CHURCHILL DR/VA-156.	1.3 mi
	6: Turn RIGHT onto E RANDOLPH RD/VA-10/VA-156.	0.9 mi
$\Leftrightarrow$	7: Turn LEFT onto HUMMEL ROSS RD.	0.2 mi
END	8: End at 231 Hummel Ross Rd Hopewell, VA 23860	

Total Time: 14 minutes

Total Distance: 8.37 miles



Need help on the go? Get Voice Activated Directions for free. Call 1-800-FREE411 (1-800-373-3411).



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FACILITY NAME: Red Hill Utility Co. VPDES PERMIT NUMBER: 0028258

# SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: SEE COMMENT 3 dry metric tons.

a.	Facility name: NA
b.	Contact Person: NA
	Title:NA
	Phone: ( )NA
c.	Mailing address:
	Street or P.O. Box: NA
	City or Town:NA State:NA Zip:NA
d.	Facility location:NA
	(not P.O. Box)NA
e.	Total dry metric tons per 365-day period received from this facility:NA dry metric tons
f.	Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:  NA
Tı	eatment Provided at Your Facility.
a.	Which class of pathogen reduction is achieved for the sewage sludge at your facility?  Class A Class B X_ Neither or unknown
b.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce
	pathogens in sewage sludge:NONE
c.	Which vector attraction reduction option is met for the sewage sludge at your facility?
	Option 1 (Minimum 38 percent reduction in volatile solids)
	Option 2 (Anaerobic process, with bench-scale demonstration)
	Option 3 (Aerobic process, with bench-scale demonstration)
	Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
	Option 5 (Aerobic processes plus raised temperature)
	Option 6 (Raise pH to 12 and retain at 11.5)
	Option 7 (75 percent solids with no unstabilized solids)
	Option 8 (90 percent solids with unstabilized solids)
	X None or unknown
	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector
d.	attraction properties of sewage sludge:NONE
d.	
d. e.	Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including

a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:

FA	CIL	ITY NAME:	Red Hill Utility Co.		VPDES PEI	RMIT NU	MBER: 0028258
		NA	_ dry metric tons				
	b.	Is sewage sluc	dge subject to this section p	aced in bags or other	containers for sale of	r give-awa	y?
5.	Sale	e or Give-Awa	y in a Bag or Other Cont	tiner for Applicatio	n to the Land.		
			estion if you place sewage this question if sewage slu		•	e or give-a	way prior to land
	a.	Total dry met	ric tons per 365-day period	of sewage sludge pla	ced in a bag or other	container a	t your facility for
		sale or give-a	way for application to the la	nd:NA	dry metric tons		
	b.		his application, a copy of al, or other container for appli		it accompany the sewa	ige sludge	being sold or given
6.	Shi	pment Off Sit	e for Treatment or Blendi	ng.			
	blet Ski fact a.	nding. This question ility, attach add	estion if sewage sludge from the sewage sludge is conditional sheets as necessary ility name: _SOUTH CENT	wage sludge sent dir vered in Questions 4 of L.) RAL WASTEWATI	ectly to a land applica or 5. If you send sen ER AUTHORITY	ation or su page sludge	rface disposal site. e to more than one
	b.		ct:L. ALAN HARR				
			Asst. Exec. Dir			<u></u>	
			4)861-0111		-		
	c.	Mailing addre		20			
			Box:900 MAGAZINE I				
	d.		:PETERSBURG ric tons per 365-day period				_23803
	u.	SEE COMM	, , , , , , , , , , , , , , , , , , , ,		wided to receiving tak	inty.	
	e.	List, on this fo	orm or an attachment, the re or local permits that regulat	ceiving facility's VPI			
		Permit Numb	er: Type of Perm	t:			
		0025437	VPDES				
	f.	Does the rece	iving facility provide additi	onal treatment to red	uce pathogens in sewa	nge sludge	from your facility?
			of pathogen reduction is ach			g facility?	
		Describe, on	this form or another sheet o	paper, any treatmen	t processes used at the	e receiving	facility to reduce
		pathogens in	sewage sludge:RAISE P	1 TO 12 AND RETA	AIN AT 11.5		
	g.		iving facility provide additi	onal treatment to redu	uce vector attraction of	haracterist	ics of the sewage
		Which vector	attraction reduction option	is met for the sewage	sludge at the receiving	ng facility?	1
		Option	1 (Minimum 38 percent re	duction in volatile so	lids)		
		Option	2 (Anaerobic process, with	bench-scale demons	tration)		
		Option	3 (Aerobic process, with b	ench-scale demonstra	ition)		
		Option	14 (Specific oxygen uptake	rate for aerobically d	igested sludge)		
		Option	5 (Aerobic processes plus	raised temperature)			
		X Option	n 6 (Raise pH to 12 and reta	in at 11.5)			

FAC	CILI	ITY NAME:	Red Hill Utility Co.	VPDES PERMIT NUMBER: 0028258
		Option	7 (75 percent solids with no unstabil	zed solids)
		Option	8 (90 percent solids with unstabilize	l solids)
		None u	nknown ·	,
		Describe, on t	his form or another sheet of paper, ar	y treatment processes used at the receiving facility to reduce
		vector attraction	on properties of sewage sludge:]	NA
	h.	Does the recei		eatment or blending not identified in f or g above?
		If "Yes", desc	ribe, on this form or another sheet of	paper, the treatment processes not identified in f or g above:
		NA		
	i.			opy of any information you provide to the receiving facility to requirement of 9 VAC 25-31-530.G.
	j		iving facility place sewage sludge fro the land? YesX_ No	n your facility in a bag or other container for sale or give-away for
		If "Yes", prov	ide a copy of all labels or notices tha	accompany the product being sold or given away.
	k.	such purposes		ng facility in a truck-mounted watertight tank normally used for provide description and specification on the vehicle used to
		Show the haul	route(s) on a location map or briefly	describe the haul route below and indicate the days of the week
		and the times	of the day sewage sludge will be tran	sported SEE ATTACHMENT 4
<b>7.</b>	Lar	nd Application	of Bulk Sewage Sludge.	
				cility is applied to the land, unless the sewage sludge is covered in v if you are responsible for land application of sewage sludge.)
	a.	Total dry met	ric tons per 365-day period of sewage	sludge applied to all land application sites:
		NA	dry metric tons	
	b.	Do you identi	fy all land application sites in Sectior	C of this application? YesX_ No
			it a copy of the Land Application Platith the instructions).	n (LAP) with this application (LAP should be prepared in
	c.	Are any land a	application sites located in States other	r than Virginia? YesX_ No
			ribe, on this form or on another sheet I application sites are located. Provide	of paper, how you notify the permitting authority for the States e a copy of the notification. NA
	d.		d necessary" information requiremen	owner or lease holder of the land application sites to comply with of 9 VAC 25-31-530 F and/or H (Examples may be obtained in

**7.** 

**VPDES PERMIT NUMBER: 0028258** 

#### 8. Surface Disposal.

9.

(Ca	omplete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)
a.	Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal
	sites:NA dry metric tons
Ь.	Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?  YesX No
	If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
c.	Site name or number:NA
đ.	Contact person:NA
	Title: NA
	Phone: ( )NA
	Contact is: _NA _ Site Owner NA Site operator
e.	Mailing address:
	Street or P.O. Box: NA
	City or Town:NA State: _NA Zip:NA
f.	Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal
	site:NA dry metric tons
g.	List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all othe federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
	Permit Number: Type of Permit:
	NANA
Ina	rineration.
	omplete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)
a.	Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge
۳.	incinerator:NA dry metric tons
b.	
	If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
c.	Incinerator name or number:NA
d.	Contact person:NA
	Title: NA
	Phone: ( )NA
	Contact is: NA Incinerator OwnerNA Incinerator Operator
e.	Mailing address:
	Street or P.O. Box:NA
	City or Town:         NA         State:         NA         Zip:         NA
ſ.	Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge
	incinerator:NA dry metric tons .
g.	List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing

of sewage sludge at this incinerator: Permit Number: Type of Permit: NA 10. Disposal in a Municipal Solid Waste Landfill. (Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.) a. Landfill name: \_\_\_\_NA\_\_\_\_\_ b. Contact person: NA\_\_\_\_\_ Title: NA\_\_\_\_\_ Phone: ( ) NA Contact is: \_NA\_\_\_ Landfill Owner \_\_NA\_\_ Landfill Operator c. Mailing address: Street or P.O. Box: \_\_\_NA\_\_\_ City or Town: \_\_\_\_\_\_NA \_\_\_\_\_State: \_\_\_NA \_\_\_\_\_Zip: \_\_\_\_NA \_\_\_\_\_ d. Landfill location. Street or Route #: \_\_\_\_NA\_\_\_ City or Town: NA State: NA Zip: NA e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: NA dry metric tons List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill: Permit Number: Type of Permit: \_\_ NA \_\_\_\_NA\_\_\_\_ Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill? \_\_\_\_ Yes \_\_X\_\_ No h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? Yes NA No Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? \_\_\_\_ Yes \_NA\_\_\_ No Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. NA\_\_\_\_\_\_

VPDES PERMIT NUMBER: 0028258

FACILITY NAME: Red Hill Utility Co.

FACILITY NAME: Red Hill Utility Co. VPDES PERMIT NUMBER: 0028258

#### SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

Complete this section for sewage sludge that is land applied unless any of the following conditions apply:

- The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or
- The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or
- You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

	County:NA				
	City or Town:NA				NA
	ii. Latitude:NA Longitude:NA	A			
	Method of latitude/longitude determination USGS map Filed survey NA (	Other			
2.			a topograp	hic map is i	ınavailable) th
o,	wner Information.				
a.	Are you the owner of this land application site? Yes _N	A No			
Ь.	If "No", provide the following information about the owner:				
	Name:NA				
	Street or P.O. Box:NA				
	City or Town:NAS	state:N	<b>`</b> '	71b. — 147	\ <u>-</u>
	City or Town:        NA		·· ·	21pN	<u> </u>
	Phone: ( )NA	<del></del> -			
а.	Phone: ()NA	ation of, sev	vage sludg wage sludį	e to this lan	nd application
а.	Phone: ()NA	ation of, sev	vage sludg wage sludį	e to this lan	nd application
а.	Phone: ()NA	ation of, sev	wage sludg wage slud	e to this lar	nd application
а.	Phone: ( )NA	ation of, sev	wage sludg wage slud	e to this lar	nd application
а.	Phone: ()NA	ation of, seventher seen the s	wage sludg wage sludg	e to this lange:Zip:	nd application
a. b.	Phone: ()NA	ation of, seventher seen the s	wage sludg wage sludg	e to this lange:Zip:	nd application
а. b.	Phone: ()NA	ation of, seventher seen the s	wage sludg wage sludg NANA	e to this lange:  Zip:  t regulate t	nd application
a. b.	Phone: ()NA	ation of, seventher seen the s	wage sludg wage sludg NANA	e to this lange:  Zip:  t regulate t	nd application
a. b.	Phone: ()NA	ation of, seventher seen the s	wage sludg wage sludg NANA	e to this lange:  Zip:  t regulate t	nd application
b.	Phone: ( )NA	ation of, several seve	wage sludg wage sludg NA permits tha	e to this lange:  Zip:  t regulate t	nd application
a. o.	Phone: ( )NA	ation of, several seve	wage sludg wage sludg  NA  permits tha	e to this lar	NA

FA	CIL	ITY NAME: Red H	ill Utility Co.	VPDES PERMIT NUMBER: 0028258
		_NA Option 9 (In	jection below land surface	e)
		NA Option 10 (I	ncorporation into soil with	nin 6 hours)
	b.		or on another sheet of pap operties of sewage sludge	er, any treatment processes used at the land application site to reduce
		NA		
6.	Cu		Remaining Allotments.	
			if the sewage sludge app PLRs) - see instructions.)	lied to this site since July 20, 1993 is subject to the cumulative
	a.		ether bulk sewage sludge	ority in the state where the sewage sludge subject to the CPLRs will be subject to the CPLRs has been applied to this site since July 20,
		If "No", sewage sludge	subject to the CPLRs ma	y not be applied to this site.
		If "Yes", provide the fe	ollowing information:	
		Permitting authority: _	_NA	
		Contact person:N	IA	
			NA	
	b.			subject to the CPLRs been applied to this site since July 20, 1993? st of Question 6. If "Yes", answer questions c - e.
	c.		NA (one he	
	d.		te since July 20, 1993. If	lity other than yours that is sending or has sent sewage sludge subject more than one such facility sends sewage sludge to this site, attach
		Facility name:	NA	
		Title:N	JA	
		Phone: ( )	NA	
		Mailing address.		
		Street or P.O. Box:	NA	
				State: NA Zip; NA NA
	e.	Provide the total loading	ng and allotment remainin	g, in kg/hectare, for each of the following pollutants:
			Cumulative loading	Allotment remaining
		Arsenic	NA	NA
		Cadmium	NA	NA
		Copper	NA	NA
		Lead	NA	NA
		Mercury	NA	·NA
		Nickel	NA	NA
		Selenium	NA	NA
		Zinc	NA	NA

Complete Questions 7-12 below only if you apply sewage sludge, or you are responsible for land application of sewage sludge. Information required by these questions may be prepared as attachments to this form. Skip the following questions if you contract land application to someone else (as indicated under Section A.7) who is responsible for the operation.

**VPDES PERMIT NUMBER: 0028258** 

7.	Sludge Characterization. Use the table b	elow or a separat	e attachment, provide at least one analysis for each parameter.
	PCBs (mg/kg)	NA	
	pH (S. U.)	NA	
	Percent Solids (%)	NA	
	Ammonium Nitrogen (mg/kg)	NA	
	Nitrate Nitrogen (mg/kg)	NA	
	Total Kjeldahl Nitrogen (mg/kg)	NA	
	Total Phosphorus (mg/kg)	NA	
	Total Potassium (mg/kg)	NA	
	Alkalinity as CaCO3* (mg/kg)	NA	

#### 8. Storage Requirements.

Existing and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis incorporating such factors as storage capacity, sludge production and land application schedule. Include pertinent calculations justifying storage requirements.

Proposed sludge storage facilities must also provide the following information:

- a. A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the property line.
  - 1) Water wells, abandoned or operating
  - 2) Surface waters
  - 3) Springs
  - 4) Public water supply(s)
  - 5) Sinkholes
  - 6) Underground and/or surface mines
  - 7) Mine pool (or other) surface water discharge points
  - 8) Mining spoil piles and mine dumps
  - 9) Quarry(s)
  - 10) Sand and gravel pits
  - 11) Gas and oil wells
  - 12) Diversion ditch(s)
  - 13) Agricultural drainage ditch(s)
  - 14) Occupied dwellings, including industrial and commercial establishments
  - 15) Landfills or dumps
  - 16) Other unlined impoundments
  - 17) Septic tanks and drainfields
  - 18) Injection wells
  - 19) Rock outcrops
- b. A topographic map of sufficient detail to clearly show the following information:
  - 1) Maximum and minimum percent slopes
  - 2) Depressions on the site that may collect water
  - 3) Drainageways that may attribute to rainfall run-on to or runoff from this site
  - 4) Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding
- c. Data and specifications for the storage facility lining material.
- d. Plan and cross-sectional views of the storage facility.
- e. Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the permanent water table.
- 9. Land Area Requirements. Provide calculations justifying the land area requirements for land application of sewage sludge taking into consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the sewage sludge, specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal loadings

<sup>\*</sup> Lime treated sludge (10% or more lime by dry weight) should be analyzed for percent CaCO<sub>3</sub>.

**VPDES PERMIT NUMBER: 0028258** 

(CPLR sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the most limiting a factor for land application.

10. Landowner Agreement Forms. Provide a properly completed Sewage Sludge Application Agreement Form (attached) for each landowner if sewage sludge is to be applied onto land not owned by the applicant.

11. Ground Water M
--------------------

Are any ground water monitoring data available for this land application site? Yes NA No

If "Yes", submit the ground water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

#### 12. Land Application Site Information.

(Complete Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency of once in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage sludge in excess of 70% the agronomic rate at a frequency greater than once in a 3 year period)

- a. Provide a general location map for each county which clearly indicates the location of all the land application sites.
- b. For each land application site provide a site plan of sufficient detail to clearly show the concerned landscape features and associated buffer zones (See instructions). Provide a legend for each landscape feature and the net acreage for each field taking into account the proposed buffer zones.
- c. In order to ensure that land application of bulk sewage sludge will not impact federally listed threatened or endangered species or federally designated critical habitat, the applicant must notify the field office of the U. S. Department of the Interior, Fish and Wildlife Service (FWS), by a letter, the proposed land application activities with the identification of the land application sites. The address and phone number of FWS are provided below.

U.S. Fish and Wildlife Service

Virginia Field Office

P.O. Box 480

White Marsh, VA 23183

TEL: (804) 693-6694

Provide a copy of the notification letter with this application form.

d. Provide a soil survey map, preferably photographically based, with the field boundaries clearly marked. (A USDA-SCS soil survey map should be provided, if available.)

Provide a detailed legend for each soil survey map which uses accepted USDA-SCS descriptions of the typifying pedon for each soil series (soil type). Complex associations may be described as a range of characteristics. Soil descriptions shall include as a minimum the following information.

- 1) Soil symbol
- 2) Soil series, textural phase and slope range
- 3) Depth to seasonal high water table
- 4) Depth to bedrock
- 5) Estimated soil productivity group (for the proposed crop rotation)

#### Item e - h are required for sites receiving frequent application of sewage sludge

- e. In order to verify the information provided in item d, characterize the soil at each land application site. Representative soil borings or test pits to a depth of five feet or to bedrock if shallower, are to be coordinated for the typifying pedon of each soil series (soil type). Soil descriptions shall include as a minimum the following information:
  - 1) Soil symbol
  - 2) Soil series, textural phase and slope range
  - 3) Depth to seasonal high water table
  - 4) Depth to bedrock
  - 5) Estimated soil productivity group (for the proposed crop rotation)
- f. Collect and analyze soil samples from each field, weighted to best represent each of the soil borings performed for ltem e. Using the table below or a separate attachment, provide at least one analysis per sample for each of the following parameters.

Soil Organic Matter (%)	NA
Soil pH (std. units)	NA

# FACILITY NAME: Red Hill Utility Co. VPDES PERMIT NUMBER: 0028258

Cation Exchange Capacity (meq/100g)	NA
Total Nitrogen (ppm)	NA
Organic Nitrogen (ppm)	NA
Anunonia Nitrogen (ppm)	NA
Nitrate Nitrogen (ppm)	NA
Available Phosphorus (ppm)	NA
Exchangeable Potassium (mg/100g)	NA
Exchangeable Sodium (mg/100g)	NA
Exchangeable Calcium (mg/100g)	NA
Exchangeable Magnesium (mg/100g)	NA
Arsenic (ppm)	NA
Cadmium (ppm)	NA
Copper (ppm)	_NA
Lead (ppm)	NA
Mercury (ppm)	NA
Molybdenum (ppm)	NA
Nickel (ppm)	NA
Selenium (ppm)	NA
Zinc (ppm)	NA
Manganese (ppm)	NA
Particle Size Analysis or USDA Textural Estimate (%)	NA

- g. Relate the crop nutrient needs to anticipated yields, soil productivity rating and the various fertilizer or nutrient sources from sludge and chemical fertilizers. Describe any specialized agronomic management practices which may be required as a result of high soil pH. If the sludge is expected to possess an unusually high CCE or other unusual properties, provide a description of any plant tissue testing, supplemental fertilization or intensive agronomic management practices which may be necessary.
- h. Using a narrative format and referencing any related charts, describe the proposed cropping system. Show how the crop rotation and management will be coordinated with the design of the land application system. Include any supplemental fertilization program, soil testing and the coordination of tillage practices, planting and harvesting schedules and timing of land application.

**VPDES PERMIT NUMBER: 0028258** 

#### SEWAGE SLUDGE APPLICATION AGREEMENT

	is sewage sludge application agreement is made on this da			
	referred to here as erred to here as erred to here as	"landowner", a	nd	,
ref	erred to here as the "Permittee".		•	
Lai	ndowner is the owner of agricultural land shown on the ma	ap attached as E	Exhibit A and design	ated there as
	("landowner's land") (andowner's land") (and tain permit requirements following application of sewage			ndowner agrees to comply with unts and in
	nanner authorized by VPDES permit number	_		
cor hea	ndowner acknowledges that the appropriate application of nditioning to the property. Moreover, landowner acknowlalth, the following site restrictions must be adhered to whe fuction:	ledges having b	een expressly advise	ed that, in order to protect public
l.	Food crops with harvested parts that touch the sewage sl be harvested for 14 months after application of sewage s	_	ire and are totally at	pove the land surface shall not
2.	Food crops with harvested parts below the surface of the sewage sludge when the sewage sludge remains on the lasoil;			• •
3.	Food crops with harvested parts below the surface of the sewage sludge when the sewage sludge remains on the lasoil;			
4.	Food crops, feed crops, and fiber crops shall not be harv	vested for 30 da	ys after application	of sewage sludge;
5.	Animals shall not be grazed on the land for 30 days after	r application of	sewage sludge;	
6.	Turf grown on land where sewage sludge is applied shal sludge when the harvested turf is placed on either land v specified by the State Water Control Board;			
7.	Public access to land with a high potential for public exp sludge;	posure shall be	restricted for one ye	ar after application of sewage
8.	Public access to land with a low potential for public exp sludge.	oosure shall be r	estricted for 30 days	s after application of sewage
9.	Tobacco, because it has been shown to accumulate cadn following the application of sewage sludge borne cadmi		•	
spe	rmittee agrees to notify landowner or landowner's designer ecifically prior to any particular application to landowner's itten notice to the address specified below.			
	Landowner:	Permittee:		
	NA		NA	
	Signature		Signature	
	Mailing Address		Mailing Address	

**VPDES PERMIT NUMBER: 0028258** 

#### SECTION D. SURFACE DISPOSAL

Complete this section only if you own or operate a surface disposal site. Provide the information for each active sewage sludge unit.

1. 1	lnfe	ormation on Active Sewage Sludge Units.
а	ì.	Unit name or number:NA
ł	э.	Unit location
		i. Street or Route#:NA
		County: NA
		City or Town:        NA        NA        NA
		ii. Latitude: Longitude:
		Method of latitude/longitude determinationUSGS map Filed surveyNAOther
C	2.	Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.
(	d.	Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period:
		NA dry metric tons.
6	<del>.</del>	Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit:
		NA dry metric tons.
f	f.	Does the active sewage sludge unit have a liner with a minimum hydraulic conductivity of 1 x 10 <sup>-7</sup> cm/sec?  Yes No If "Yes", describe the liner or attach a description.
		NA
٤	g.	Does the active sewage sludge unit have a leachate collection system? Yes No
		If "Yes", describe the leachate collection system or attach a description. Also, describe the method used for leachate disposal and provide the numbers of any federal, state or local permits for leachate disposal:
		NA
ŀ	n.	If you answered "No" to either f or g, answer the following:  Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? Yes No If "Yes", provide the actual distance in meters: NA
i	i.	Remaining capacity of active sewage sludge unit, in dry metric tons: NA dry metric tons
		Anticipated closure date for active sewage sludge unit, if known:NA(MM/DD/YYYY)
		Provide with this application a copy of any closure plan developed for this active sewage sludge unit.
z. s	Sev	vage Sludge from Other Facilities.
		ewage sludge sent to this active sewage sludge unit from any facilities other than yours? Yes _NA No
		Yes", provide the following information for each such facility, attach additional sheets as necessary.
	<b>a</b> .	Facility name:NA
ŀ	ь.	Facility contact: NA
		Title: NA NA
		Phone: ( ) NA
(	Э.	Mailing address:
		Street or P.O. Box: NA
		City or Town:         NA         State:         NA         Zip:         NA
	<b>d</b> .	List, on this form or an attachment, the facility's VPDES permit number as well as the numbers of all other federal,
`		state or local permits that regulate the facility's sewage sludge management practices:
		Permit Number: Type of Permit:

	NANA
e.	Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?
	Class A Class B _X_ Neither or unknown
f.	Describe, on this form or on another sheet of paper, any treatment processes used at the other facility to reduce
	pathogens in sewage sludge:NA
g.	Which vector attraction reduction option is achieved before sewage sludge leaves the other facility?
	Option 1 (Minimum 38 percent reduction in volatile solids)
	Option 2 (Anaerobic process, with bench-scale demonstration)
	Option 3 (Aerobic process, with bench-scale demonstration)
	Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
	Option 5 (Aerobic processes plus raised temperature)
	Option 6 (Raise pH to 12 and retain at 11.5)
	Option 7 (75 percent solids with no unstabilized solids)
	Option 8 (90 percent solids with unstabilized solids)
	X None or unknown
h.	Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce
	vector attraction properties of sewage sludge:NA
i.	Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the
	other facility that are not identified in e - h above:NA
Ve	ctor Attraction Reduction.
a.	Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?
	Option 9 (Injection below land surface)
	Option 10 (Incorporation into soil within 6 hours)
	Option 11 (Covering active sewage sludge unit daily)
Ь.	Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit
	to reduce vector attraction properties of sewage sludge:  NA
Gr	ound Water Monitoring.
a.	Is ground water monitoring currently conducted at this active sewage sludge unit or are ground water monitoring data otherwise available for this active sewage sludge unit? YesX No
	If "Yes", provide a copy of available ground water monitoring data. Also provide a written description of the well locations, the approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.
b.	Has a ground water monitoring program been prepared for this active sewage sludge unit?  Yes _NA No _If "Yes", submit a copy of the ground water monitoring program with this application.
c.	Have you obtained a certification from a qualified ground water scientist that the aquifer below the active sewage sludge unit has not been contaminated? Yes NA No
	If "Yes", submit a copy of the certification with this application.
Sit	e-Specific Limits.
Ar	e you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?  Yes X—No If "Yes", submit information to support the request for site-specific pollutant limits with this plication.

3.

4.

5.

**VPDES PERMIT NUMBER: 0028258** 

#### **COMMENTS**

- 1. Unknown. All records and information were removed by previous operator (August 2005). Mr. Charles Stitzer (DEQ) was kind enough to send a copy of the O & M manual (see Attachment #1).
- 2. No information available.
- 3. Equipment to determine this does not exist at the plant.

#### **ATTACHMENTS**

- 1. Letter from Mr. Charles Stitzer (DEQ) and cover of O & M manual.
- 2. Topographic maps and details.
- 3. Plant process line drawing and details.





# COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

W. Tayloe Murphy, Jr. Secretary of Natural Resources PIEDMONT REGIONAL OFFICE

4949-A Cox Road Glen Allen, Virginia 23060 (804) 527-5020 Fax (804) 527-5106 www.deq.state.va.us Robert G. Burnley Director

Gerard Seeley, Jr. Piedmont Regional Director

December 6, 2004

Joe Joseph South Central Wastewater Authority. 900 Magazine Rd. Petersburg, VA 23803

Re: Red Hill MHP

Dear Mr. Joseph:

Enclosed, per your request, is a copy of the Red Hill Mobile Home Wastewater Treatment Plant's Operation and Maintenance Manual. If I can be of further assistance, please call me at (804) 527-5060.

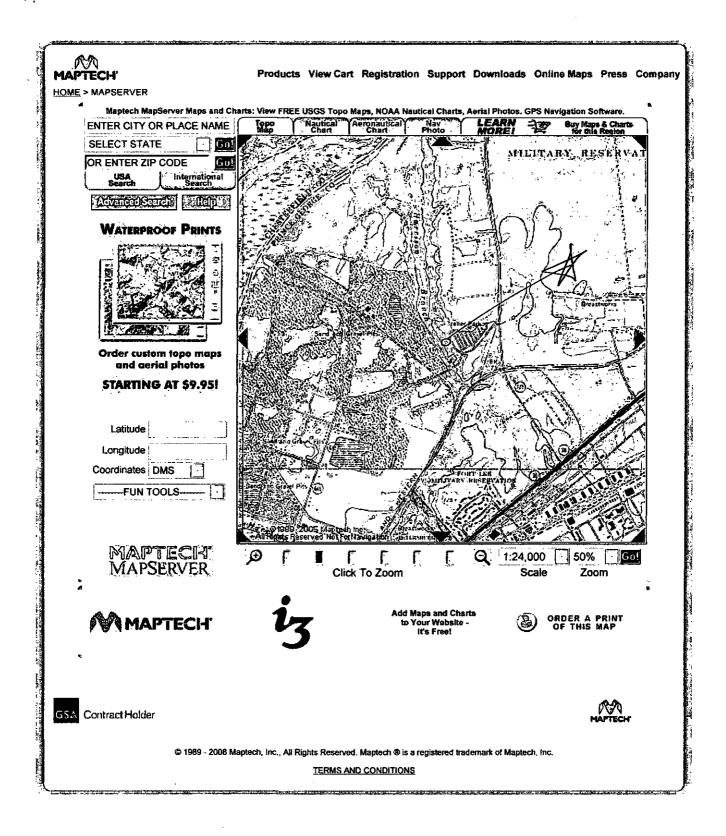
Sincerely,

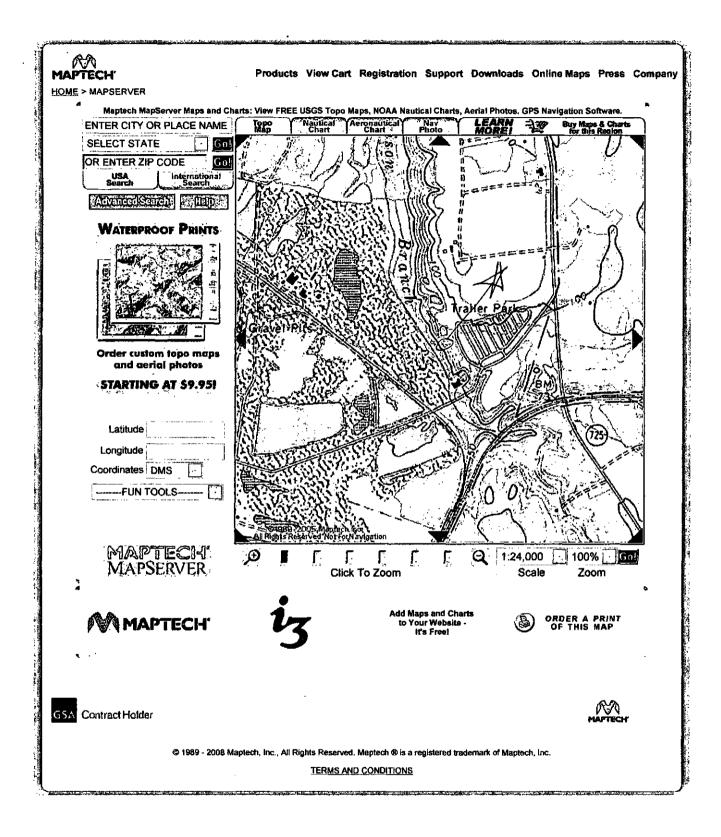
Charles R. Stitzer

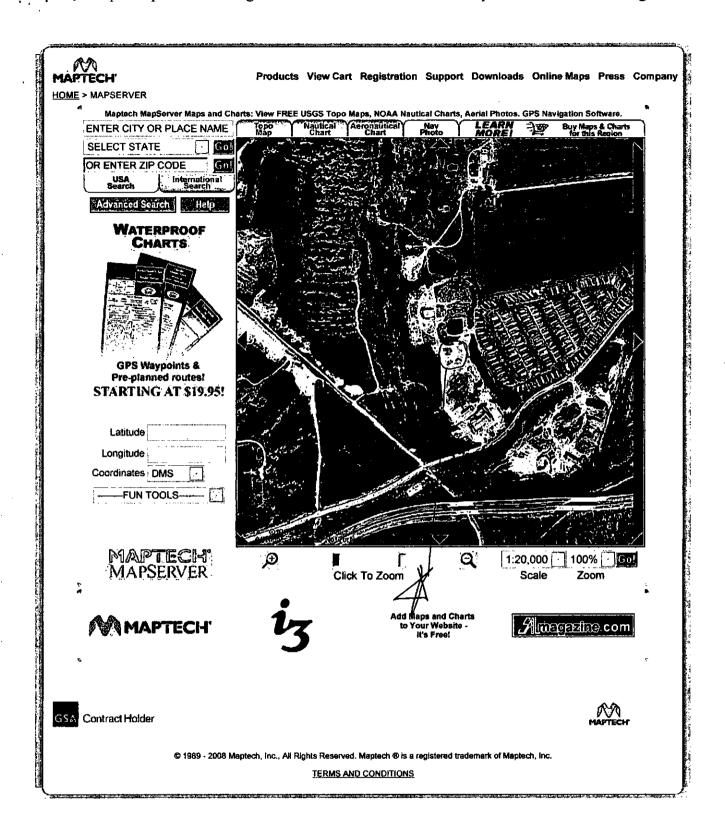
Environmental Inspector

# OPERATIONAL and WAINTENANCE WANUAL

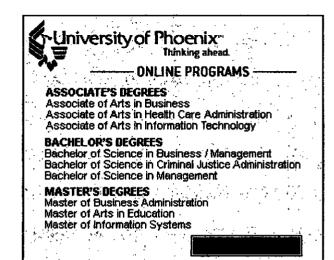
# REDHILL MOBILE HOME WASTEWATER TREATMENT PLANT











### A: 3812 Puddledock Rd, Prince George, VA 23875-1350 1: Start out going SOUTHWEST on PUDDLEDOCK RD. 0.6 mi 2: Turn LEFT to stay on PUDDLEDOCK RD. 1.3 mi (ES) 36 3: Turn RIGHT onto E WASHINGTON ST/VA-36 W. 0.7 mi 4: Turn SLIGHT RIGHT onto E BANK ST. 0.5 mi 5: Turn RIGHT onto N CRATER RD/US-301/VA-36. 0.1 mi 6: Turn LEFT onto BOLLINGBROOK ST/US-301/VA-36. 0.5 mi 7: Turn RIGHT onto 2ND ST/US-1/US-301/N ADAMS ST. 0.2 mi 8: Turn RIGHT onto BRIDGE ST. 0.1 mi 9: BRIDGE ST becomes SAPONY ST. 0.1 mi



10: Turn RIGHT onto ROLFE ST.

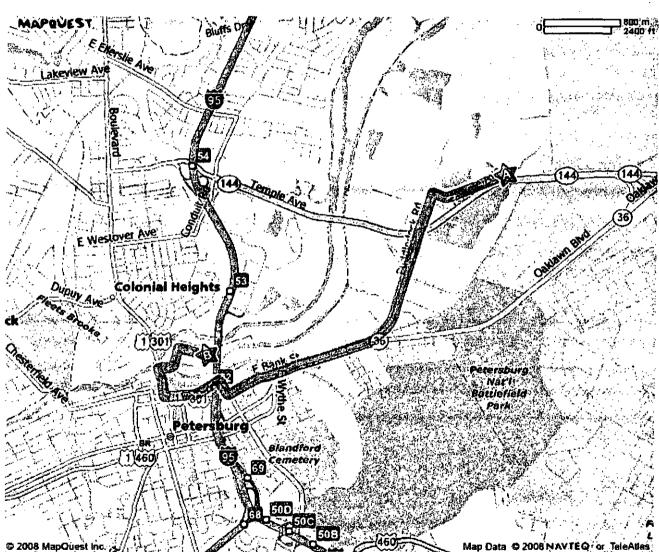
0.2 mi

11: End at 900 Magazine Rd Petersburg, VA 23803-3400

Estimated Time: 10 minutes Estimated Distance: 4.45 miles

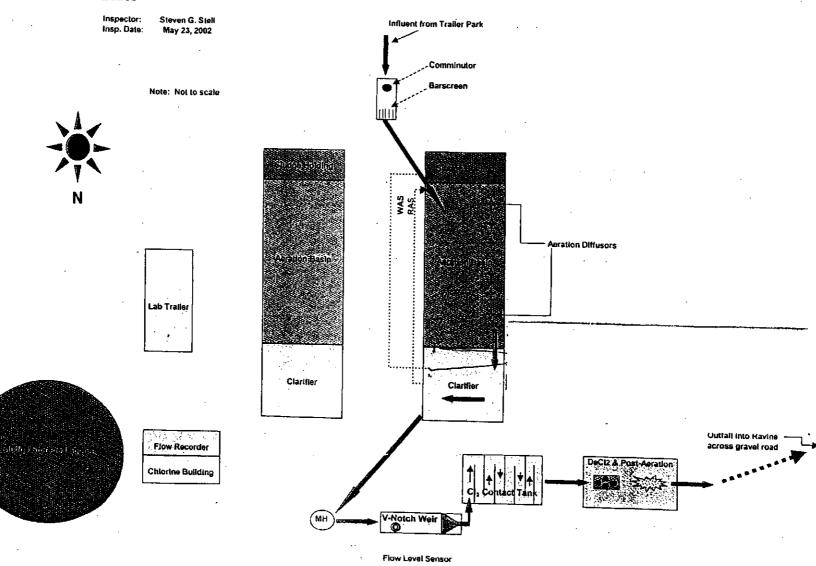
B: 900 Magazine Rd, Petersburg, VA 23803-3400

Total Distance: 4.45 miles Total Time: 10 minutes

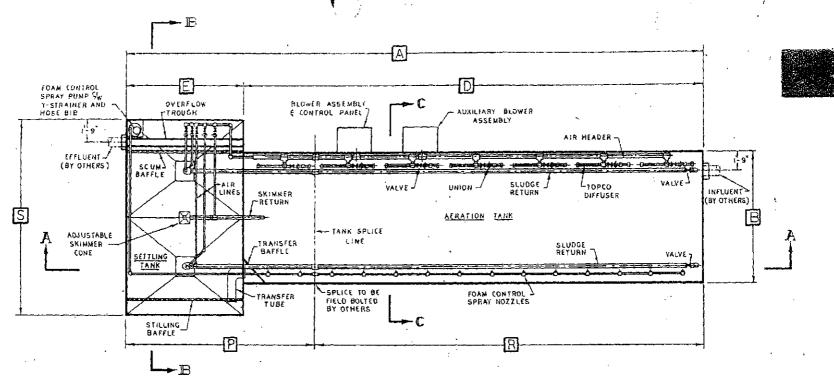


Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use

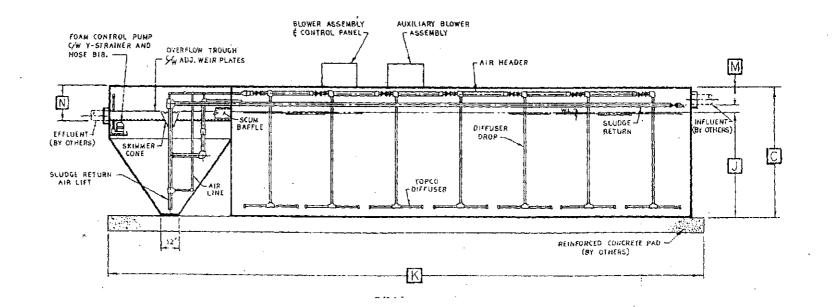
# Red Hill Trailer Park - Prince George County #VA0028258

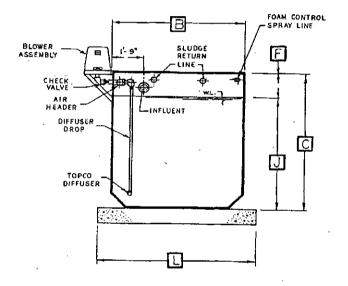




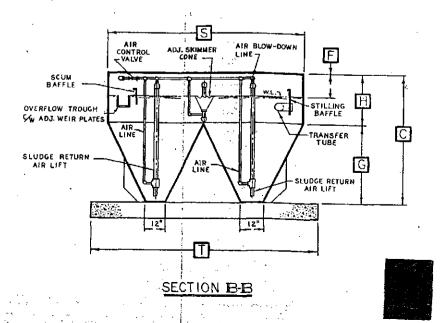


PLAN





SECTION C-C



Microbac Laboratories, Inc. **Richmond Division** 2028 Dabney Road, Suite E-17 Richmond, VA 23230 Ph:804.353.1999 Fx:804.353.0330



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Log In Search Help

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#### **Results for 0808236-01**

Back To: Work Order Sample Analysis < 01 >

Joseph F. Joseph 10802 Afton Drive Hopewell, VA 23860

Project: Sludge Monitoring Project Number: [none]

Project Manager: Joseph Joseph

Reported: 08/22/08 10:11

Red Hill Trailer Park 0808236-01 (Soil) Microbac - Richmond Division

#### Metals

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Analysis	Notes
Arsenic	5	3	mg/kg dry	1	BH81822	08/14/08	08/18/08	SW846/6010	
Cadmium	BQL	3	79	H	"	11	H	"	
Chromium	11	3	**	n	**	n	11	II .	
Copper	114	3	11	11	11	11	n .	н	
Mercury	1.14	0.25	mg/kg (dry)	11	BH81901	08/18/08	n	SW846/7471 A	
Molybdenum	4	3	Ħ	11	BH81822	08/14/08	19	SW846/6010	
Nickel	11	3	mg/kg dry	11	Ħ	**	11	п	
Lead	16	. 3	**	**	n	**	11	u', .	
Selenium	8	3	11	11	11	71	**	**	
Zinc	295	1	11	11	11	**	11	11	

#### **Wet Chemistry**

Analyte Result Reporting Limit Units Dilution Batch Prepared Analyzed Analysis Notes



#### Microbac Laboratories, Inc.

Richmond Division

2028 Dabney Road, Suite E-17 ● Richmond, VA 23230 Telephone (804) 353-1999 ● FAX (804) 353-0330 ● www.microbac.com elab: www.microbacrichmond.com/elementweb/

#### **CERTIFICATE OF ANALYSIS**

July 28, 2008

Page 1 of 1

LAB#:

0807275

**CLIENT:** 

Joseph F. Joseph 10802 Afton Drive Hopewell VA, 23860 Joseph Joseph

PROJECT:

Sludge Monitoring

**PROJECT NO.:** 

**SAMPLED BY:** 

Joseph Joseph

**RECEIVED:** 

07/11/08

Lab ID:

0807275-01 (Soil)

Client ID:

Red Hill Trailer Park

Sampled Date/Time:

7/11/08 9:00

Analyte	Result	Quant Limit	Units	Prepared	Analyzed	Method	Analyst	Notes
Metals	<del></del>							
Arsenic '	BQL	3	mg/kg dry	7/22/08 8:00	7/23/08 12:00	SW846/6010	TG	
Cadmium	BQL	3	n	7/22/08 8:00	7/23/08 12:00	er	TG	
Chromium	13	3	"	7/22/08 8:00	7/23/08 12:00	R	TG	
Copper	- 118	3	**	7/22/08 8:00	7/23/08 12:00	n	TG	
Mercury	0.91	0.25	"	7/23/08 7:30	7/23/08 16:03	SW846/7471 A	JCM	
Molybdenum	4	3	#	7/22/08 8:00	7/23/08 12:00	SW846/6010	TG	
Nickel	12	3	n' .	<u>7/22/08</u> 8:00	7/23/08 12:00	n	TG	
Lead	17	3	n ;	7/22/08 8:00	7/23/08 12:00	ri .	TG	
Selenium	. 5	3	n	7/22/08 8:00	7/23/08 12:00	n	TG	
Zinc	328	1	tr	7/22/08 8:00	7/23/08 12:00	n	TG	

#### **Notes and Definitions**

milligrams per Liter

milligrams per kilogram mg/kg =

standard units

micrograms per Liter

parts per million

NTU = Nephelometric Turbidity Units

141

picocuries per Liter

Colony forming units per milliliter CFU/mL =

MPN/100mL = Most Probable Number per 100 milliliters

Below the Quantitation Limit

Reported results relate only to the samples analyzed, as received by the laboratory.

This report shall not be reproduced, wholly or in part, without the consent of Microbac Laboratories, Inc - Richmond Division.

**Audrey Brubeck Technical Manager**  CERTIFICATIONS:

VIRGINIA DRINKING WATER - 00150 NORTH CAROLINA DENR - 432 SOUTH CAROLINA DHEC- 93010001 & 93010002 MARYLAND DRINKING WATER - 279

# Microbac

#### Richmond Division

Sample Submittal
Chain of Custody Record

Work Order Number:

	•		7	•
2007	-	-7	ٻ	
1000+	ノ	+	*	١
			淹	_

Page \_\_\_ of \_\_\_ A

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Send Report via [ ] e-mail (address)							[] Majy	-:-	elepho		Fax (fa									_	
* Matrix Types: Soil/Solid (S)	, Słudge, Oil	Wipe,	Drink	king W	ater (C	DW), Groundwa	ater (GW), Sur	face W	ater (S	W), Wa	aste Wa										
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### Microbac Laboratories, Inc.

#### Richmond Division

2028 Dabney Road, Suite E-17 ● Richmond, VA 23230 Telephone (804) 353-1999 ● FAX (804) 353-0330 ● www.microbac.com elab: www.microbacrichmond.com/elementweb/

#### **CERTIFICATE OF ANALYSIS**

June 30, 2008

Page I of I

LAB#:

0806231

**CLIENT:** 

Joseph F. Joseph 10802 Afton Drive Hopewell VA, 23860

Joseph Joseph

PROJECT:

Sludge Monitoring

**PROJECT NO.:** SAMPLED BY:

Joseph Joseph

**RECEIVED:** 

06/11/08

Lab ID: Client ID: 0806231-01 (Soil) Red Hill Trailer Park

Sampled Date/Time:

6/11/08 9:30

Analyte	Result	Quant Limit	Units	Prepared	Analyzed	Method	Analyst	Notes
dialyte	Kesuit	Lillin	Omis	Trepared	Anaryzeu	Wielikid	7 (1 (1) 3)	TTOTES
Metals								
Arsenic	BQL	1 .	mg/kg dry	6/17/08 10:00	6/18/08 15:00	SW846/6010	TG	
Cadmium	BQL	1	**	6/17/08 10:00	6/18/08 15:00	н	TG	
Chromium	141	· 1	J* #I	6/17/08 10:00	6/18/08 15:00	R	TG	
Copper	.56	1.	n	6/17/08 10:00	6/18/08 15:00	n	TG	
Mercury	0.67	0.25	11	6/26/08 8:30	6/26/08 15:25	SW846/7471 A	JCM	
Molybdenum	4.	1	**	6/17/08 10:00	6/18/08 15:00	SW846/6010	TG	
Nickel	75	1	**	6/17/08 10:00	6/18/08 15:00	ı+	TG	
Lead	. 9	1	11	6/17/08 10:00	6/18/08 15:00	<b>!</b> *	TG	
Selenium	4	1	11	6/17/08 10:00	6/18/08 15:00	ti	TG	
Zinc	158	0.5	18	6/17/08 10:00	6/18/08 15:00	n	TG	

#### **Notes and Definitions**

mg/L = milligrams per Liter

milligrams per kilogram mg/kg =

su = standard units

μg/L = micrograms per Liter

parts per million

NTU = Nephelometric Turbidity Units

pCi/L = picocuries per Liter

CFU/mL = Colony forming units per milliliter

MPN/100mL = Most Probable Number per 100 milliliters

BQL = Below the Quantitation Limit

Reported results relate only to the samples analyzed, as received by the laboratory.

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**Audrey Brubeck Technical Manager**  CERTIFICATIONS:

VIRGINIA DRINKING WATER - 00150

NORTH CAROLINA DENR - 432 SOUTH CAROLINA DHEC- 93010001 & 93010002 MARYLAND DRINKING WATER - 279

#### Richmond Division

#### Sample Submittal Chain of Custody Pocord

Work Order Number:

0806231

<u>Microbac</u>	Richmond, Tei: 804-35 Fax: 804-35 www.micro	53-199 53-033	<del>3</del> 9 30			ani di C	<i>4</i> 5100	ay r	(eco/	,				(	L Page _	Lo	r_L	Paris de
Client Name JUSHIA F. JOSHY	 1		Proje	<u>ct                                     </u>	en Huci	151411 51	722		Turn	around 1	ime (R	eguire	d)		Q	C and	EDD Type (Required	1
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City, State, Zip Markett VA ?	3860		PO#	#				[] RUS	SH* (notify	lab)		-	[ ] Lev	el II		Format:		
Contact TOF TOSEN1 Telephone # 804-452-1531			1	mpliance Monitoring? [] Yes [NO Agency/Program				(needed by)						rei III rei IV (	CLP-lik	Comments:	·	
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Send Report via [] e-mail (address)						[] Mail	[]10	lepho	ne []	Fax (fax	#)						<u></u>	
* Matrix Types: Soil/Solid (S), Slud	ge, Oil, Wipe	e, Drin	king W	ater (E	OW), Groundwa	ater (GW), Sur	ace Wa	ater (S	W), Wa	ste Wate	(WW),	Other	(speci	ify)				
Client Sample ID	Matrix*	Grab	Composite	Filtered	Date Collected	Time Collected	No. of Containers	April	CAUM	2/2	equest 2		/ /	/wa		210cm	Comments	•
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L									D	NOT	1 13	UPL	CA	TE	7	375	<u>.                                    </u>	

[] Hazardous [] Non-Hazardous Possible Hazard Identification 1 Radioactive Sample Disposition Dispose as appropriate [] Return [] Archive / Number of Containers: Relinquished By (signature) Date/Time Printed Name/Affillatto Received By (signature) 6/11/08 9:45 Au Cooler Number:

Sample Received on Ice or Refrigerated from Client: Yes / No

Temp upon receipt(°C):

Relinquished By (signature) Belinguished By (signature) Printed Name/Affiliation

Date/Time

Received for Lab By (signature)

Received By (signature)

ICROBAC Printed Name/Affiliation

Printed Name/Affiliation

//. JU

Printed Name/Affiliation FlilucisDa

Date/Time

SEP 26 2008

#### PUBLIC NOTICE BILLING INFORMATION FORM

PRO

1.

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290. C. 2.

•	
Agent/Department to be bille	ed: Red Hill Utility
Owner:	_C. Ray Beard
Applicant's Address:	2073 Cypress Drive
~	Charlottesville, Virginia 2
Agent's Telephone No:	434-973-7200
Authorizing Agent:	Signature
Facility Name:	Red Hill Utility Co.
Parmit No:	

#### Please return to:

à;

Agent/Department to be billed:

Ms. Jaime Bauer DEQ - Piedmont Regional Office 4949 A-Cox Road Glen Allen, VA 23060

Fax Number: 804-527-5106

### VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Red Hill Utility Co.
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit?
This may or may not be the facility or property owner.
2. Is this facility located within city or town boundaries? Y/M
3. Provide the tax map parcel number for the land where the discharge is located.
4. For the facility to be covered by this permit, how many acres will be disturbed during the next fine years due to new construction activities? None
5. What is the design average effluent flow of this facility? MGD For industrial facilities, provide the max. 30-day average production level, include units:
In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y/N
If "Yes", please identify the other flow tiers (in MGD) or production levels:
Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?
6. Nature of operations generating wastewater:
Mobile Home Park
100% of flow from domestic connections/sources  Number of private residences to be served by the treatment works: appriz 125
% of flow from non-domestic connections/sources
7. Mode of discharge:
8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point: _X Permanent stream, never dry
Intermittent stream, usually flowing, sometimes dry
Ephemeral stream, wet-weather flow, often dry
Effluent-dependent stream, usually or always dry without effluent flow  Lake or pond at or below the discharge point
Lake of point at of below the disentinge point
Other:
0. A   D-4-(-).
9. Approval Date(s): SEE COMMENT #1 O & M Manual Sludge/Solids Management Plan
Have there been any changes in your operations or procedures since the above approval dates?
<del></del>



### COMMONWEALTH of VIRGINIA

#### DEPARTMENT OF ENVIRONMENTAL OUALITY

PIEDMONT REGIONAL OFFICE

Preston Bryant Secretary of Natural Resources

4949-A Cox Road, Glen Allen, Virginia 23060 (804) 527-5020 Fax (804) 527-5106 www.deq.virginia.gov

David K. Paylor Director

TO: FROM: Curt Linderman

DATE:

Jaime Bauer February 23, 2009

SUBJECT:

Waiver Request for VA0028258 - Red Hill Utility Company

COPIES:

File (R/W, right)

The permittee has requested a waiver from the Form 2A, Item A.12 sampling with regards to the sample seasonality requirement (i.e. at least two samples must be taken at least four months apart). Please note the following:

- The facility provides domestic wastewater treatment to a mobile home park in Prince George County.
- The facility has the ability to discharge to Harrison Branch in the Appomattox River Basin and has a design flow rate of 0.039 MGD.
- The facility has provided the results for three samples from the effluent analyzed for fecal coliform that are below Water Quality Standards for bacteria.
- DMR data demonstrates that the facility normally meets a minimum chlorine concentration level of 1.0 mg/L at the chlorine tank outlet as required by the 2004 VPDES permit in lieu of bacteria sampling.

Given the nature of the facility's operations, significant seasonal variation in the influent is not likely. Thus, I recommend waiving the timing requirement for these tests.

Approve	d Denied	
Comments:	As recommended for This panificult only.	
		•
Sup Fin	2/24/69	•
Sign	ature Date	

#### CL2, TOTAL CONTACT DMR Data

CL2,	TOTAL	CONTACT DI
		Conc Min
4.	/12/2004	1.75
	5/6/2004	1.48
6.	/10/2004	1.5
7.	/12/2004	1.02
8	/11/2004	1.85
9	/10/2004	1.86
10.	/12/2004	1.22
11.	/10/2004	1.03
12	/13/2004	1.36
1.	/11/2005	1.1
2.	/10/2005	1.1
3.	/11/2005	1.24
4.	/11/2005	1.36
5,	/11/2005	1.32
6.	/10/2005	1.01
	7/8/2005	
	8/9/2005	
	/12/2005	1.01
_	0/7/2005	0
	/10/2005	0.1
	2/8/2005	1.1
	/11/2006	1.1
	2/9/2006	1.5
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	/10/2006	
	/12/2006	1.7
	/11/2006	1.1
$\overline{}$	8/9/2006	
	9/8/2006	1.7
	0/6/2006	0.3
	1/9/2006	0.1
_	2/6/2006	1.9
	1/4/2007	<2.2
-	2/7/2007	2
	/12/2007	<2.2
	4/9/2007	<2.2
	/10/2007	2.1
	6/5/2007	2.1
7/	/11/2007	1.5
8/	13/2007	2
	/10/2007	1.8
10	/10/2007	1.1
11/	/13/2007	1.8
12	/10/2007	1.8
	/11/2008	1.8
	/11/2008	1.8
	3/6/2008	1.1
	4/8/2008	1.9
	5/7/2008	1.6
	5/5/2008	1.1
_	7/7/2008	1.3
	8/6/2008	0.8
. !	9/9/2008	0.9
	0/7/2008	1
	/10/2008	1
	2/8/2008	1.6
	1/9/2009	1.5
		1.0

#### RED HILL UTILITY 3812 PUDDLEDOCK RD. #151 PRINCE GEORGE, VA. 23875

Jamie Bauer Enviromental Specialist II Department of Enviromental Quality Piedmont Regional Office 4949-A Cox Road Glen Allen, Va. 23060 RECEIVED
FEB 2 3 2009
PRO

Re: Permit Renewal

Jamie Bauer,

Enclosed we have submitted 3 samples as required for WWTP permit. With the 3rd sample we are asking for a waiver on the 4 month seperation between samples. We have had no problems with bacteria in our fecal coliform. Our permit does'nt require us to submit these samples. It was an assumption on our part. We sincerely apologize.

If you have any questions please call 804-733-2880.

Thank You, Red Hill Utility



#### Microbac Laboratories, Inc.

Richmond Division

2028 Dabney Road, Suite E-17 ● Richmond, VA 23230
Telephone (804) 353-1999 ● FAX (804) 353-0330 ● www.microbac.com
elab: www.microbacrichmond.com/elementweb/

#### **CERTIFICATE OF ANALYSIS**

January 26, 2009

Page 1 of 1

LAB#:

0901373

**CLIENT:** 

Joseph F. Joseph 10802 Afton Drive Hopewell VA, 23860

Joseph Joseph

PROJECT:

Permit Renewal

PROJECT NO.:

SAMPLED BY: RECEIVED:

Joseph Joseph

01/21/09

PARAMETER Fecal Coliform PREP DATE/TIME 1/21/09 13:15 **ANALYSIS DATE/TIME** 1/21/09 13:15

METHOD SM18/9221E ANALYST KLC

0901373-02

SAMPLE ID

LAB#

0901373-01 Red Hill Trailer Park-Influent

Red Hill Trailer Park-Effluent

DATE/TIME

**MATRIX** 

01/21/2009 09:30 Water 01/21/2009 09:30 Water

Quant

Limit:

2

Units

Microbiology (Water)

Fecal Coliform

>1600

2

MPN/100 mL

#### **Notes and Definitions**

mg/L = milligrams per Liter

mg/kg = milligrams per kilogram

su = standard units

μg/L = micrograms per Liter

ppm = parts per million

NTU = Nephelometric Turbidity Units

BQL = Below the Quantitation Limit

CFU/mL = Colony forming units per milliliter

MPN/100 mL = Most Probable Number per 100 milliliters

Reported results relate only to the samples analyzed, as received by the laboratory.

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Audrey Brubeck Technical Manager

CERTIFICATIONS:

VIRGINIA DRINKING WATER - 00150 NORTH CAROLINA DENR - 432 SOUTH CAROLINA DHEC - 93010001 & 93010002 MARYLAND DRINKING WATER - 279

Microbac Rich	hmond E mond, VA 2 804-353-19 804-353-00	3228 999 330	n	С	Sample hain of Cu		W.	ork Ord	ler N			0901373 Lot_L :						
Client Name Photost Topped	Client Name Project Real Miles								ınd Time	(Requir	ed)		QC and EDD Type (Required)					
Address 10802 AFTON DEINE	1						- 1	[] Routine	10 workin	g days)		[] Le	vell	[ ] EDD				
City State, Zip HODENDL, VA 238	City, State, Zip HODENEL, VA 23860							( ) RUSH* (	notify lab)		ļ	[]Le	vel II	Format:				
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* Matrix Types: Soil/Solid (S), Sludge Oif, Wipe, Drinking Water (DW), Groundwater (GW), Surface Water (SW), Waste Water (WW), Other (specify)																		
Client Sample ID  RED HILL TIZAILER PRIZE THE Eff.	∠ Matrix*		Filtered	Date Collected	J:3cAs.	No. of Containers	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	FELAL (B)	Reque	ested An	alysis			-Did not recol enough sample for influent or efficient, orizital orizital comments				
Possible Hazard Identification () Hazardous				adioactive		nple D		ition []	Dispose a			[] Re	elurn	[] Archive				
Cooler Number:	· // // // // // // // // // // // // //						me S	1/21/09	Receive	Zu.	10/2	(a)	`	Printed NametAffination				
Sample Received on Ice or Refrigerated from Client: Yes No Relinquis	hed By (sig			Tex. L X	filiation	Date/Time Received for Lab By (signature) Print							Printed Nagle Affiliations  AX DIF MUCH DOCUMENT					



#### Microbac Laboratories, Inc.

Richmond Division

2028 Dabney Road, Suite E-17 ● Richmond, VA 23230
Telephone (804) 353-1999 ● FAX (804) 353-0330 ● www.microbac.com
elab: www.microbacrichmond.com/elementweb/

#### **CERTIFICATE OF ANALYSIS**

January 30, 2009

Page 1 of 1

LAB#:

0901566

CLIENT:

Joseph F. Joseph 10802 Afton Drive

Hopewell VA, 23860 Joseph Joseph

PROJECT:

Permit Renewal

PROJECT NO.:

SAMPLED BY: RECEIVED:

Joseph Joseph

01/28/09

PARAMETER
Fecal Coliform

PREP DATE/TIME 1/28/09 13:20 ANALYSIS DATE/TIME 1/28/09 13:20 METHOD SM18/9221E ANALYST KLC

LAB#

0901566-01

0901566-02

**SAMPLE ID** 

Red Hill Trailer Park-Influent Red Hill Trailer Park-Effluent

01/28/2009 10:00

01/28/2009 10:00

109 10:00

Quant Limit:

DATE/TIME MATRIX

Water

Water

Quai

Units

Microbiology (Water)

**Fecal Coliform** 

>1600

11

2

MPN/100 mL

#### **Notes and Definitions**

mg/L = milligrams per Liter

mg/kg = milligrams per kilogram

su = standard units

µg/L = micrograms per Liter

ppm = parts per million

NTU = Nephelometric Turbidity Units

BQL = Below the Quantitation Limit

CFU/mL = Colony forming units per milliliter

MPN/100 mL = Most Probable Number per 100 milliliters

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Audrey Brubeck Technical Manager

CERTIFICATIONS:

VIRGINIA DRINKING WATER - 00150 NORTH CAROLINA DENR - 432 SOUTH CAROLINA DHEC- 93010001 & 93010002 MARYLAND DRINKING WATER - 279

#### Work Order Number:

# Agaisida

#### **Richmond Division**

2028 Dabney Road, Suite E-17

# Sample Submittal Chain of Custody Record





0901000	Richr www.i Tel: 804-353	micro	bac.c	om		353-0330						•	1		MICIONAC				
Client Name Joson F.	Jesiph				Рго	ect Rens F	III Tiz	ا) ادو	13 ()112K	Turr	around	Time (Re	equired)	QC and EDD Type (Required)					
Address 10802 AFN	on DaIVE					ation P.C.					utine (10	working	days)	[] Level I	[]EDD				
						<del></del> #				[] RU	SH* (not	ify lab)		[] Level II	Format:				
Contact Joe Juse	Con	npliance Monito	oring? <b>X</b> (Yes	[] No						[] Level III.	Comments:								
Telephone # 804 452	_	Agency/Prograi	<i>,</i> ,	m			(ne	eded by)		[] Level IV CL	.P-like								
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Send Report via []e-ma	l (address)					(	[] Mail	] Teler	hone	[] Fax (f	ax #)				· - <del></del>				
*	Matrix Types: Soil/S	Solid (	S), Slı	udge,	Oil, W	ipe, Drinking V	Vater (DW), G	roundv	vater (GW),	Surface	Vater (S	W), Wasi	e Water (	WW), Other (sp	ecify)				
Client Sample	סו	Matrix*	Grab	Composite	Filtered	Date Collected	Time Collected	No. of Containers	40044		Request	ed Analy	sis		Comments				
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RIMHILL EFF	ų	さる	<b>i</b> /			1/28/09	10:000		<i>i</i> /					-					
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Possible Hazard Identification	n [] Hazardous	[]	Non-H	lazaro	dous	[] Radioactiv	Le \$	Sample	Dispositio	n []	 Dispose	as appro	priate []	Return [] Arch	nive				
Number of Containers:	Relinqu						ame/Affiliation		Date/Time		Recie	ved By (	signature	2)	Printed Name/Affiliation				
Cooler Number: Temp upon receipt (°C):				_		Printed Na	F. Jos ame/Affiliation		1/28/09 Date/Time		Recie	By (	ignature	Dand _	Printed Name/Affiliation				
Sample Received on Ice or Refridgerated from Client		die pe	d By	signa	eture)	Printed Na	agne/Affiliation		Date/Time	1	Recie	ved for L	ab By (s	signature)	Printed Name/Affiliation  DUF MUC 1XOC				



#### Microbac Laboratories, Inc.

Richmond Division

2028 Dabney Road, Suite E-17 ● Richmond, VA 23230 Telephone (804) 353-1999 ● FAX (804) 353-0330 ● www.microbac.com elab: www.microbacrichmond.com/elementweb/

#### **CERTIFICATE OF ANALYSIS**

February 09, 2009

Page 1 of 1

LAB#:

0902065

**CLIENT:** 

Joseph F. Joseph 10802 Afton Drive Hopewell VA, 23860

Joseph Joseph

PROJECT: **PROJECT NO.:**  Permit Renewal

**SAMPLED BY: RECEIVED:** 

Joseph Joseph

02/04/09

**PARAMETER** Fecal Coliform

PREP DATE/TIME 2/4/09 15:50

**ANALYSIS DATE/TIME** 

**METHOD** 

**ANALYST** 

2/4/09 15:50

SM18/9221E

KLC

LAB#

0902065-01

0902065-02

SAMPLE ID

Red Hill Trailer

Red Hill Trailer

Park-Influent 02/04/2009 10:00 Park-Effluent

02/04/2009 10:00

Quant

Limit:

2

DATE/TIME **MATRIX** 

Water

Water

Units MPN/100 mL

**Microbiology (Water)** 

Fecal Coliform

>1600

**Notes and Definitions** 

mg/L = milligrams per Liter

mg/kg = milligrams per kilogram

su = standard units

μg/L = micrograms per Liter

ppm = parts per million

NTU = Nephelometric Turbidity Units

BQL = Below the Quantitation Limit

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**Audrey Brubeck Technical Manager** 

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VIRGINIA DRINKING WATER - 00150 NORTH CAROLINA DENR - 432 SOUTH CAROLINA DHEC- 93010001 & 93010002 MARYLAND DRINKING WATER - 279

#### Richmond Division

Richmond, VA 23228 Tel: 804-353-1999 Fax: 804-353-0330

Sample Submittal Chain of Custody Record

Work Order Number:

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Page \_\_\_\_ of \_\_\_\_

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#### Bauer, Jaime

From: Bauer, Jaime

Sent: Monday, August 17, 2009 11:32 AM

To: Bauer, Jaime

Subject: VA0028258 - Red Hill Utility Company - Answer to Application Questions

On July 29, 2009, the draft permit for the Red Hill Utility Company was sent to the owner with four questions needed to complete the application. The questions are listed below. The answers were provided by the on site facility manager, Jimmy, by phone on August 17, 2009 and are listed in red following the question.

- 1) In the <u>application forms</u>, Section A.1.g of the sludge application says that the population served at the mobile home part is 500; however, section A.4 of the Form 2A state that 300 are served. Additionally, the application addendum indicates that 125 people are served. Please reconcile which, if any, of these numbers are correct.

  131 lots are occupied and there are approximately 3 people per lot. Approximately 400 people are living at Red Hill
- 2) Section A.7 of the sludge application indicates that Johnny on the Spot is contracted to handle aspects of the facility related to sludge. Can you please provide a description of the services provided by Johnny on the Spot? Johnny on the Spot provides sludge removal every two or three months from the Red Hill Mobile Home Park.
- 3) As required by Section B.6.i of the sludge application, please submit a copy of the information provided to the sludge receiving facility to comply with the "notice and necessary information" requirement in 9VAC 25-31-530 G since the answers to the questions in Section B.6.f and g were "yes."
  No additionally information is provided to the receiving facility regarding sludge from Red Hill.
- 4) The facility diagram included with the application document includes a Comminutor. However, a report for an inspection previously performed by DEQ compliance staff indicates that the Comminutor was dissembled and no longer used. Please reconcile. If the Comminutor is no longer used at the facility, please submit a revised facility diagram. The Comminutor has been removed from the site.

Jaime L. Bauer | Environmental Specialist II| DEQ Piedmont Regional Office | 804.527.5015 | jaime.bauer@deq.virginia.gov